7 Film 389 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

female white 10a. USUAL OCCUPATION (Give kind of work dane during mat of wasking life, even if retired) 13. FATHER'S NAME	Middle TY VIRGINIA MARRIED NEVER MARRIED	a. STATE Md. c. CITY OR TOWN (If autside con Hagerstow d. STREET ADDRESS 400 Mitch ANDERSON 0) B. DATE OF BIRTH Lay 24, 1921 11. BIRTHPLACE (State or fare	Proporate limits, write RURAL and Propor	give neorest town) e. IS RESIDENCE ON A FARM? YES NO. Day Year 19 67 DER I YEAR IF UNDER 24 HRS. IS Days Haurs Min. CITIZEN OF WHAT
write RURAL and give nearest town) Hagerstown d. NAME DF HDSPITAL DR INSTITUTION (If not in 400 Mitchell Ave 3. NAME OF DECKASED (Type ar print) S. SEX 6. COLOR OR RACE 7. White 100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 13. FATHER'S NAME	3 weeks haspital, give street address) Widdle TY VIRGINIA MARRIED NEVER MARRIED DIVORCED 10b. KIND OF BUSINESS DR	Hagerstow d. STREET ADDRESS 400 Mitch Lost ANDERSON 00 Di B. DATE OF BIRTH Lay 24, 1921 11. BIRTHPLACE (State or fare	ATE Month May 9. AGE (In years lost birthday) yrs. Ingin country) 12	e. IS RESIDENCE ON A FARM? YES NO. 7 9 19 67 DER 1 YEAR IF UNDER 24 HRS. IS Days Haurs Min. CITIZEN OF WHAT
3. NAME OF DECEASED (Type or print) S. SEX female 100. USUAL OCCUPATION (Give kind of work dane during mat of working life, even if retired) 13. FATHER'S NAME	MARRIED NEVER MARRIED DIVORCED 10b. KIND OF BUSINESS DR	400 Mitch ANDERSON 4. D/ ON 4. D/	ATE Month FEATH May 9. AGE (In years IFUNE Month) 12. Month Mont	ON A FARM? YES NO 7
DECEASED (Type or print) S. SEX female 6. COLOR OR RACE white 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 13. FATHER'S NAME	TY VIRGINIA MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH B. DATE OF BIRTH BY 24, 1921 11. BIRTHPLACE (State or fare	9. AGE (In years lost birthday) yrs. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7 , 19 67 DER 1 YEAR IF UNDER 24 HRS. 1s Days Haurs Min. CITIZEN OF WHAT
female white 10a. USUAL OCCUPATION (Give kind of work dane during most of wasking life, even if retired) Clerk 13. FATHER'S NAME	WIDOWED DIVORCED N	lay 24, 1921 11. BIRTHPLACE (State or fore	ign country) Manth	Days Haurs Min. CITIZEN OF WHAT
during most of working life, even if retired) 13. FATHER'S NAME			0 17	
			a.	COUNTRY?
Hugh R. An	derson	14. MOTHER'S MAIDEN NAME	Olive Smith	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, ar unknawn) (If yes give war ar dates af se	16. SOCIAL SECURITY NO. 17. Privice) 219-12-0705	INFORMANT Iugh R. Ander	Address Cumber:	land, Md.
18. CAUSE OF DEATH (Enter anly ane cause PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise ta immediate couse (a), stating the underlying cause last. (c)	Trankflyk/9// Arterioscleros	//k/General at	erio scle rosis ease	10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONT Entero colitis &		THE TERMINAL DISEASE CONDITION erosis	GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
Entero colitis & 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour a.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I o	or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
	DiXom itto,III	CIDE , Hamicide , CHIEF MEDICAL EXAMIN M.D. ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM Address (Street, city, t	(AMINER]	_
BENTAL DIRECTOR Funeral			Hagerstown,	Md.

VR A15ME (5)

THE STATE OF THE S . www. I following to TENNE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM depart in the contract the court women care rates. THE DESIGNATION OF THE PARTY OF tel i TAM . M. . masterana Lakob Jarres . In the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT 2, and 3 to PM3. Page delay

form

Item 18. Give Poges Office along with for

be executed within 24 hours after death.

This certificate should

should be

please execute

the funeral director.

Department of death. ofter/ purs gre ith the St event any _ pup removol, D cremation, buriol, (used agent, prior to pe 3 should FUNERAL DIRECTOR: Poge designoted

TO FUNE.
Health or if

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Washington Maryland Washington MARYLAND CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give peorest town Hagerstown Lite Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital 1121 Fairview Road YES NO X NAME OF Middle 4 DATE Lost DECEASED Arcidiacono Gary Thomas May (Type or print) DEATH SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dec. 29. 1952 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT High School during most of working life even if retired) Hagerstown Md. 13 FATHER'S NAME Thomas Arcidiacono Mary Julia Fitzgerald Address Hagerstown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Thomas Arcidiacono 1121 Fairview Rd. 216-54-8037 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subdural hematoma IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO

20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Hit by baseball PRIMARX OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, (City or town)

Hour o.m. ot work 21. I certify that I taak charge af the remains described above, held an Autapsy

foctory, street, office bldg., etc.) of work Bal1 Park

580

Hagerstown

Inspection &

(County) (Stote) Wash. Md.

death resulted fram: Natural causes Accident X, Suicide , ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Hamicide

22. DATE SIGNED

and in my apinian

EXAMINER'S NAME (Type) 23o. BURIAL CREMATION

23b. DATE THEREOF

Howard N.

Rest Haven Funeral (Mapel

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

Inquiry

Undetermined manner

Northern Daveound Hagerstown, Md.

REMOVAL (Specify)

Weeks

Rest Haven Cemetery Hagerstown, Md.

1967 25b. REGISTRAR'S SIGNATURE Hagerstown REC'PARY REGISTRAR

Washington Md.

VR ATSMETS

. The second of the second of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Washington Marvland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) filled in Pages 1 Weverton Life Weverton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Residence RFD#2, Knoxville, Md. 21758 completely papers. n 72 ho YES NON 3. NAME OF First Middle DECEASED (Type or print) HAYWARD LESLIE BAER DEATH Mav 28 67 and cor with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Male April WIDOWED | DIVORCED T clan emove. 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Railroad Brakeman Brunswick, Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ollie Osborne Baer 0 Edna Mae Barnhart oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Elizabeth L. Baer RFD#2, Knoxville, Maryalnd permit. 21758 P 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSERAND DEATH 0 PART I. DEATH WAS CAUSED BY: has been signed e burial-transit pe attending physi IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO X R: After this ce detached for t 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) Month, Day, Yeer ŏ fectory, street, office bldg., etc.) While Not While DIRECTOR: at work at work tospital) attended the deceased from..... N) (Index State D 190 and that death occurred at 6 : 105 from the causes and on the date stated above. saw the deceased alive of 22e. SIGNATURE 22b. DATE STAFF SIGNED ATTENDING MED FUNERAL page with th DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) M.D. Brunswick, Maryland Dig d 23e. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF REMOVAL (Specify) Burial Brownsville Heights Brownsville. Md 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63

Brunshings, Warring Thank CATALLY AND MOREY . AND DESCRIPTION OF THE RESERVE OF THE PROPERTY OF THE PROP THE TE SHE THE TENNED STORE THE STATE OF THE of an analytic beautiful and the States and Local to House the Control of the Contro

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07294	CERTIFICATE	OF DEATH		7273
		PLACE OF DEATH O. COUNTY	1 1	2. USUAL RESIDENCE (Where dece	osed lived, if institution: Reside	nce before odmission)
		WHSHINGSON		MAKYLAI	$\nu \nu = \omega$	ASHINGTON)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and give	ve neorest town)
		HAGERSTOWN, RT	2	WILLIAMSFOR	TRTZ	21.1
- 6		d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
77	11	DASHINGTONS COUNTY		KING SI		YES NO
		NAME OF First DECEASED	Middle R	Lost 4. DATE OF	-	Doy Year
	-	(Type or print) SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	ONZHOFF DEATH	9. AGE (In years IF UNDER	2 19 6 / R 1 YEAR IF UNDER 24 HRS.
1	1	TNANTE	MARRIED NEVER MARRIED 7	5/20/67	lost birthdoy) Months yrs.	Days Hours Min.
	10o. duri	o. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or		OUNTRYS A
. 50	13.	FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	. 0	
		CHARLES KELLER	BANZHOFF	NANCY	DIAN GOY	40
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of serv		NFORMANT	Address	
		18. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), ond (c).)			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Atelectasis			ONSET AND DEATH
		76.25 DUE TO	1	1:		5
	-	Conditions, if ony, which gove rise to immediate couse (a), (b)	HYALINE 100	emissame dis	ease	4 HRS.
		stoting the underlying couse	T			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	LMMATURIE	IF TERMINAL DISEASE CONDITION OF	VEN IN DADT 1/-)	19. WAS AUTOPSY
2	NO			HE TERMINAL DISEASE CONDITION GI	VEN IN PART I(0)	PERFORMED?
d	FICAT	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW MURY OCCURRED.	Enter nature of injury in Port I or P.	ort (Lof item 18.)	YES NO
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,	cine notice of mary in roll 7 of 1	31 11 01 11011 10.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, 20f. pry, street, office bldg., etc.)	(City or town) (Co	ounty) (Stote)
	×	p.m. 19	of work of work			
		21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased fram	death accurred at \$1335	M, fram causes and an	the date stated abave.
		220. SIGNAPORT	M.C.	ATTENDING MED. DIRECTOR	STAFF 22b.	DATE SIGNED
		22c. PHYSICIAN'S	1-11	22d. ADDRESS	C1 + 1	
1		NAME (Type) KONALD	IE KEYSER	101 KING	STRUX 17.	MGEKS POWN
	230	D. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)			LOCATION (City or Town)	(County) (Stote)
		MAY 232 1			127	RYLAND
	24	FUNERAL DIRECTOR Chaffer	-, ady . Wash Go	JOSEP DATE PAGE	18967 25b. REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campfetely filled in 50 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, cremation, or removal, and in any event within 72 hours after death. VR A15 (4) 20 M 1/66

AMERICAN STREET WASHINGTON COUTY With the second L'ILLER SERT LEC WHERE DUILE A THE WASHINGTONS COUNTY MOST THE PRICE STOR PER FIRE CHIZHER 5/20/67 EMALE W. H 3-10 D. INFANT CHARLES KELLER DAN ZHOPF WHILEY DIAN BOYD Atoloctaso Johnson Dungland of French 24 1915 KALAMILAN BA a (3 /2/5 (3 /02/5 2/21/ 67 2/33/67 Corald Kings IN ROUMED SEXENCE IN KING STREET HARBORISHED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07295	CERTIF	ICATE OF DEATH		07274
1. PLACE OF DEATH 0. COUNTY WASHING		LAND Q. STATE MAR	here deceased lived, if institution: b. COUNTY ide carparate limits, write RURAL of	WASHINGTON
b. CITY OR TOWN (If autside corparative RUBAL and give pagrest town	c. LENGTH OF STAY IN L. fe (If not in hospital, give street oddress)	d. STREET ADDRESS	Wi LLI AMSPO	e. IS RESIDENCE
WASHINGTON		SP		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Middle .	BANZHOFF	4. DATE Manth OF DEATH Manth	2/ 19 6 7
Female 6. COLOR OR RA	WIDOWED DIVORCED	5/20/67	last birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS anths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af war during mast af working life, even if retired)	done 10b. KIND OF BUSINESS OR INDUSTRY	WASHING		12. CITIZEN OF WHAT COUNTRY A
13. FATHER'S NAME CHARLES KEL	IER BANZHOFA	14. MOTHER'S MAIDEN N.	^	D
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, na, or unknown) (If yes give wor or	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		Atelectas	15	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave	DUE TO (b) Immature	Ay D Lung	7	
rise to immediote cause (a), stating the underlying cause last.	DUE TO	110		
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	H	CCURRED. (Enter nature of injury in P	art I or Part II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Hour a.m. p.m.	Year 20d. INJURY OCCURRED While Not While at wark at wark	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that (I) (the saw the deceased alive	is haspital attended the deceased an 5/2/1 1967	fram_5/20, 1 and that death accurred at	M, fram causes and	_, 1 🖢 🖊 , that (I) (we) lo d an the date stated above
22a. SIGNATURE	(E Kup	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	S ZILG7
22c. PHYSICIAN'S NAME (Type) RONA	LD E. KEYS	ER 101 K	NB ST HI	AGERSTOWN A
23o. BURIAL, CREMATION, REMOVAL (Specify) MAY	THE HILLEST	ETERY OR CREMATORY ON COUNTY HOSPIT	23d. LOCATION (City or Town)	, .,
24. FUNERAL DIRECTOR	the adm Wash		BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Inneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

WHILE WE TON THE WAR THEN STEED CONTRACTOR HARGERSTOWN I WA THE E WILLIAMS WIT WASHINGTON COUNTY HOSP ELE EMIZHOFF 5/00/67 Female W intent without with the U.S.A. CHARLES KELLER BANIZHOFF NAMICY DIANI BOYD NOVE ON ON Primary Atelectoris Downstands of fourts Pundaidy ROWALD E. OKEYSER 101 KING ST HAGERSTOWN A

07296

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07275

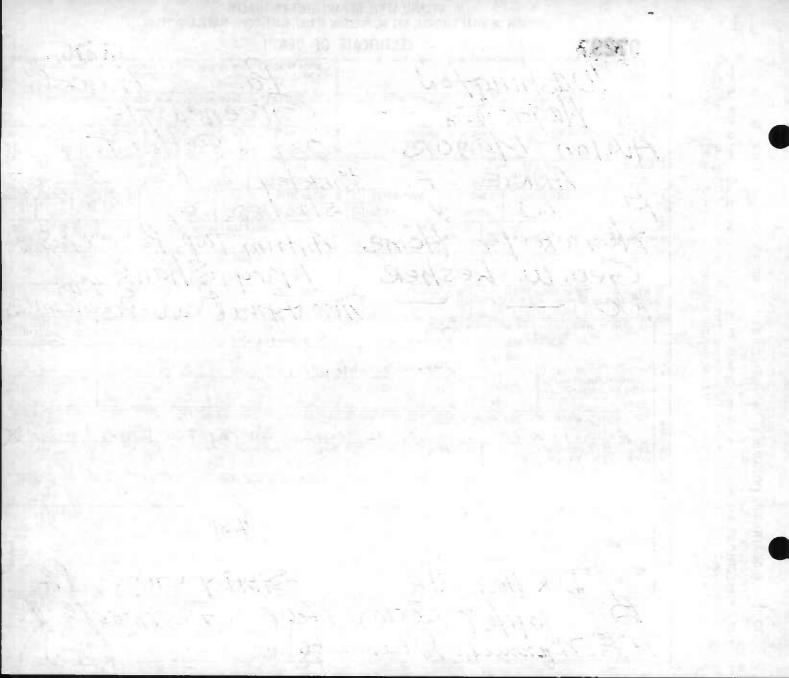
\vdash					0 . 13 . 0
	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution	
	o. COUNTY	MARYLAND	o. STATE	b. COUNT	TY
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	CITY OF TOWAL (If ou	atside corporote limits, write RURA	At and aive peacest town)
	write RURAL and give nearest town)				
	Williamsport	4922 2 mo		timore-2	1217 30.4
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospi	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		fome Inc	5609	Birch wood	
	NAME OF DECEASED (Type or print) First Louis de	Matilda	Benson	4. DATE Month OF DEATH MICC	
S.	SEX 7 6. COLOR OR RACE 7. MARK		of 24, 18	9. AGE (In years last birthdoy) yrs.	Months Doys Hours Min.
		Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
dur	ring most of working life, even if retired)	Millinet	Ralt.	more	COUNTRY?
13	FATHER'S NAME	many e	14. MOTHER'S MAIDEN I		03/1
13.	TAITER S HAME	D	M. MOTTER'S MAIDER I	10 11111	
	Inomas	Denson	Mati	Ida Whitir	79
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addres	5/ 2750 Va Ave
(10	SALO	219-05-6212A	marken	wagnes 1	illiamsport, Mg.
F	1B. CAUSE OF DEATH (Enter only one couse per line	e for (a) (b) and-(c))	0	/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Strapport	7 /2		ONSET AND DEATH
	144 3 IMMEDIATE CAUSE (o)	V19/20 C/a	ce 1- m	umoma	18 morres
	TO X DUE TO	11 +	. 001	10:	Inc
	Conditions, if ony, which gove rise to immediate couse (a), (b)	Vy Rechena	ere CV.	Nucease	1/ year
	stoting the underlying couse DUE TO	1/			
	lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	I 19. WAS AUTOPSY
S S	TAKE WE STORM CARE CONDITIONS CONTRIBUTE	NO TO DEATH BOT NOT KEENED TO T	THE TERMINAL DISERSE COT	DITION OFFER IN TAKE 1407	PERFORMED?
S					YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 1B.)	
MEDICAL			E OF INJURY (Home, form		(County) (Stote)
MED			ory, street, office bldg., etc.)		
	p.in U	twork U otwork U	7000		1000
	21. I certify that (I) (this haspital) at			965, to 5 - 20	, 19 6 27, that (I) (we) last
	saw the deceased alive an	1967, and that	death accurred at	7:15 A M, fram causes a	ind an the date stated above.
	220. SIGNATURE Robert P.	Courad M.D		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5-20-67
	22c. PHYSICIAN'S NAME (Type) Robert?	Contad, WD	22d. ADDRESS	tagerstown	hinglon
230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tow	(County) (Stote)
211	rial May . 23.1967	Baltimore C	emetery	Baltimor	
2/	FLINERAL DIRECTOR	2239004	2So. REGI		SISTRAR'S SIGNATURE
H	ENRY SANDER & SONS.	INC. Baltimore	Ma. Ay	AY 3 1967	fillers & indet
			DATE	المرام المرام	0 80

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07297	CERTIFICATE	OF DEATH	ליח	276
1.	PLACE OF DEATHY O. COUNTY	/)	2. USUAL RESIDENCE (Where	deceosed lived, if institution Resider	nce before odmission)
	WUSMIN	970N MARYLAND	a. STATE Pa,	b. count	nkli
	b. CITY OR TOWN (If auxide corporate limits, write RURAL and give hears)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	arparote limits, write RURAL and giv	e nearest tawn)
1	d. NAME OF HOSPITAL OR INSTITUTION (Myho)	y was	d. STREET ADDRESS	11000116	e. IS RESIDENCE
	Affa on	and R	d. SIREEI ADDRESS	Balta St	ON A FARM?
3.	NAME OF First	Middle	Lost 4. D		Day Year
	OECEASED (Type or print) HUNIE	E F. B	inkley 8	EATH MAY O	29 1967
S.	L1 /11		B. DATE OF BIRTH	9. AGE (In years IF UNDER Months	Doys Hours Min.
100	. USUAL OCCUPATION (Give kind of work dane)	WIDOWED DIVORCED DIVORCED	11. BIRTHPLACE (County & Stote	or foreign country) 12 (1	TIZEN QE WHAT A
du	ing most of working lifer even if batical De	INDUSTRY OME	Antrim		DUNTE! SA
13.	FATHER'S NAME	100100	14. MOTHER'S MAIDEN NAME		
-	Geo. W.	resper	Mary	Shank	00
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes give wor or dotes of se		NFORMANT L	Bo Address Dro	encrote (
-	IB. CAUSE OF DEATH (Enter only one couse p	per line for (a) (b) and (c))	10.19101	CRUIT-191C	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmanary	embolism		ONSET AND DEATH
	464X DUE TO				
	Conditions, if any, which gove (b)	Thrombophle	bitis		2 wicks
	stating the underlying cause				
	DART II OTHER SIGNIFICANT CONDITIONS CONT	DIDUTING TO DEATH BUT NOT BELATED TO 1	AOLIUMAN STATION IN IN MARTE THE	CIVEN IN DART 1/->	19. WAS AUTOPSY
TION	Arteriss clerotez				PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.		registing failure	I IES NO DO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m.		CE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	20f. (City or tawn) (Co	unty) (State)
2	p.m. 19	ot wark ot wark	70	10	.1 (1) ())
	21. I certify that (I) (this haspite	al) attended the deceased tram 19, and that	death accurred at	, to, 19_	, that (I) (we) las
	22a. SIGNATURE			22b. D.	ATE SIGNED ,
	0.02.1Le	27 . Ja. (M.D	PHYS. DIRECT	OR PHYS. 5	29/67
	22c. PHYSICIAN'S NAME (Type) De R. He	55, UR.	22d. ADDRESS) Y GROVE	PA
230	BURILL (REMATION, REMOVAL (Specify)	F 23c MAINE OF CHMETERY OR C	CREMATORY 23	d LOCATION (City or Town)	(Coupty) (State)
2	1. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY RI	GISTRAR 2Sb. REGISTRAR'S	ZI C I G
1 2	. Tollow, or tollow	ADDRESS	250. KEC D BT KI	ZSB. KEGISIKAK S S	JAUIAIUKE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambicaty filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaive carbon papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, or remaind, and in any event, within 72 haurs of VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the <u>Usineral</u> director, page 3 should be detached for use as the burial-transit permit. Then please remove <u>carbon</u> papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

	0729	8		CERTII	FICATE	OF DE		,		21201	0	79	77	
1.	PLACE OF DEATH O. COUNTY Washi	ngton		MAR	YLAND	2. USUAL RI o. STATE	rylan	here dece	eosed lived, Was	if instituti	ion: Reside ITY gton	nce betar	e aumissio	n)
	b. CITY OR TOWN (If outside corporate limit d give nearest tawn) COWN	5,	c. LENGTH OF STAY		c. CITY OR T		,		write RUR	RAL ond giv	e neores	t town)	
_	Hagers	AL OR INSTITUTION (If no	t in hereital a	D.O.A	•	d. STREET A	gers	TOW	1			21.1	e. IS RESID	ENCE
	etc. sin	County H				237		na .	Ave				ON A FA	RM?
3.	NAME OF DECEASED (Type or print)	Fi MABE		Middle SUTTON		Lost BOWEI		4. DATE OF DEAT		Mont		Day		
S.	SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIE		Apr	RTH		9. AGE (II		IF UNDER Manths		IF UNDER Haurs	24 HRS. Min.
10c	o. USUAL OCCUPATION ring most of working	(Give kind of work done life, even if retired) Orer		ND OF BUSINESS OR DUSTRY		11. BIRTHPL	COna		fareign coul		12. (TIZEN OF	A.	
13.	Joshu	a Sutto	n			14. MOTHER M	s maiden n attie		ggy					
15 (Y	es, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f service)	SOCIAL SECURITY NO.		r Arch	nie I	. H:	inkl	e 23		enn	a Av	re
	1B. CAUSE OF DI PART I. DEA' ###################################	, which gave e cause (a),	(a) Co TO (b) at	(a), (b), and (c).) may f herosel	Tun	Hage	ersto	wn	Md	••			ERVAL BETT SET AND D	
MEDICAL CERTIFICATION	20o. ACCIDENT WAS	GNIFICANT CONDITIONS C		O DEATH BUT NOT RE									WAS AUTO PERFORME ES	PSY D? NO []
L CERT	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			·		, ,			,				
MEDICA	20c. TIME OF INJU Hour 'a.r p.r	10	20d. IN While at wark	JURY OCCURRED Not While at work		ry, street, offic		, 20f.	(City or	r town)	((Co	unty)	()	state)
		fy that (I) (this has eceased alive an	pital) attend			death acc		(7)	ta 📝 M, fram	couses		- '	at (I) (v e stated	1
	22o. SIGNATURE	Da	while	sar	M.D			MED. DIRECTOR		AFF IYS.	22b, D	ATE SIGN	67	
	22c. PHYSICIAN'S NAME (Type)	John D. W	ilson			22d. ADI 580	ORESS Nort	hern	Aver	ue				
230	BURIAL, CREMATIC REMOVAL (Specify BUT 1 a.)	23b. DATE THI	REOF	Verona			etery		LOCATION (,	,	(County) (S1	ate)
24	4. FUNERAL DIRECTO Andrew	47/	rstown n Fun	n Models eral Hom	e In	С	PATE PECTO		1967		GISTRAR'S		edge.	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0729	3		CERTIFIC	ATE	OF DEATH				0	727	18
PLACE OF DEATH a. COUNTY	Washing	ton	MARYLA	ND		. Va	b. COL	Dod	dri	dge	on)
write RURAL	(If outside corporate limit and give nearest tawn) rstown	s,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If or		ote limits, write RL L em	JRAL and give	85.	town)	
d. NAME OF HOS	PITAL OR INSTITUTION (If n				d. STREET ADDRESS RFD 2					ON A FA	
3. NAME OF DECEASED (Type or print)		irst RL	Middle NMN	CA	RPENTER	4. DATE OF DEATH		May 1		Yec 19	67
s. sex male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B.	7-26-75		9. AGE (In years last birthday) 91 yrs.	Months Months	Days	Haurs	Min.
	ION (Give kind of wark dane ng life, even if retired)		O OF BUSINESS OR USTRY CO.		11. BIRTHPLACE (County Bridgep			12. CI	TIZEN OF UNTRY?	WHAT	
13. FATHER'S NAME		A. Ca	rpenter		14. MOTHER'S MAIDEN		Ida Sto	ut			
1S. WAS DECEASED (Yes, na. ar unknow	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates	of service) 16. SO	CIAL SECURITY NO.		FORMANT G. Car	pente	Add er, Jef		n,	Md.	ķ.
18. CAUSE OF PART I. D	DEATH (Enter only one co	6	1), (b), and (c).)	La	elus				_QNS	RVAL BET	DEATH
rise ta immed	iny, which gave	(b) ge		ed	arterio S	cler	sis		10	ye	s ,
PART II. OTHER	SIGNIFICANT CONDITIONS	(c)	-	ED TO TH	IE TERMINAL DISEASE CO		(EN IN PART 1(0)	a,		WAS AUTO PERFORM	MED?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (1	inter nature of injury in	Part I ar Pa	art II af item 18.)				
= -	NJURY Manth, Day, Yeor	While	Nat While		OF INJURY (Hame, for ry, street, office bldg., etc		(City or town)	(Co	unty)		(State)
	rtify that (I) (this ho deceased alive an_		ed the deceased for	nd that	death accurred a	MED.	STAFF	and on t	67, the date of th	e state	wo) la: d abav
22c. PHYSICIA NAME (T	(N'S Ype) Tos C	CRISE	o MD	M.D	223 ADDDECC	DIRECTOR	urn ave			-	~
23a. BURIAL, CREM.	ation, 23b. Date to 15014		23c, NAME OF CEMET Salem I.(OCATION (City or 1		(County) (5	State)
24. FUNERAL DIRE	Clor Funeral	Home,	ADDRESS Hagerst	own,	Md DATE A	D BY REGIS	TRAR 2Sb.	REGISTRAR'S			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after feath Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

-07-68 KARL CARPENTER . I i do nahi ad TO THE MENT OF THE PARTY OF THE . Nostmander Studentschule . To V. Co. Land and Market The second of the second secon A STREET TO THE STREET AND A STREET AND A STREET ASSESSMENT ASSESS Items 18&21 Film 390 6-23MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07301		CERTIFICAT	E OF DEATH	07280
o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATMaryland	, if institution: Residence before admission) b. COUNTY Washington
b. CITY OR TOWN (write RURAL on Hae	lf outside carporate limits, d give negrest town) erstown	c. LENGTH OF STAY IN 16 60 years	c. CITY OR TOWN (II autside carporote limits Hagerstown	i, write RURAL and give nearest tawn)
d. NAME OF HOSPIT	AL OR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washing	ton Count	y Hospital	940B Lanvale S	St. YES NO
3. NAME OF DECEASED (Type or print)	James		Comer, Sr. 4. DATE OF DEATH	Month Day Year 18 167
S. SEX male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (1) May 29,1889 / 8	n years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. M
during most of working		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (County & Stote, or foreign cou	COLINTRY 2
13. FATHER'S NAME	David	L. Comer	14. MOTHER'S MAIDEN NAME Emma J. 1	Dawson
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates af	annian)	informant rs Julia Comer, Ha	Address gerstown, Md.
Conditions, if ony rise to immediat stoting the under last.	e cause (a), DUE T	o)	lus (Acquired	I Unknowly
PART II. OTHER SI	//	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IE FITHER NOTIFY	S UNDERLÝING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature af injury in Part I ar Part II af it	em 18.)
20c. TIME OF INJ	10	20d. INJURY OCCURRED 20e. PL While Not While at wark at work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	ir tawn) (Caunty) (State)
		ital) attended the deceased fram_		causes and on the dote stated above
22a. SIGNATURE	all!	Frence M		TAFF HYS. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type	Dr. Chaz	1es Spencer	145 S. Prospect S	St. Hagerstown, Md.
23a. BURIAL, CREMATIO REMOVAL (Specify burial	5-20-		Cemetery Hagers	town Md.
24. FUNERAL DIRECTO	R	ADDRESS	2So. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67 Special and the second T(0)49 a of all beyond the server is not present intent of the Ellisten and . bit provides and the same and the state of the s MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL RESEA	ARCH AND RECORDS, 30	I W. PRESTON STREET	i, BALTIMORE, MARYLA	ND 21201
	07302	CERTIFICATE	OF DEATH		07281
1.	PLACE OF DEATH			ere deceosed lived, if institution	
	o. COUNTY Washington	MARYLAND	o. STATE	b. COUNTY	Franklin
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		ide corporate limits, write RURAL	
	write RURAL and give nearest town)	2 wks	,		7 - 2
	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, s		d. STREET ADDRESS	mesboro	e. IS RESIDENCE
					ON A FARM?
_	Washington Co. Hospit		· · · · · · · · · · · · · · · · · · ·	inggold St.	YES NO X
3.	NAME OF First DECEASED	Middle		4. DATE Month OF	Doy Year
	(Type or print) Paul	E.	Cook	DEATH May	11 167
S.	SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	last hirthdox)	Months Doys Hours Min.
	Male White WIDOWED	DIVORCED .	July 31, 1896	70 yrs.	months boys man.
10	a, USUAL OCCUPATION (Give kind of wark dane 10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County & S	State, ar foreign country)	12. CITIZEN OF WHAT
αυ	ring most of working life, even if retired) Machine Operator Land	DUSTRY is Machine Co.	Franklin	Co., Penna.	COUNTRY? U.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Peter S. Cook		Charlotte H	Suhn	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Y	(If yes give wor or dotes of service)	173-03-08344	Mrs. Paul E.	Cook War	nesboro, Penna.
	18. CAUSE OF DEATH (Enter only one cause per lipe-for		in be raur is	cook way	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	11/1/1 1/1/	Y /11/100		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	COLIE MINI	pury		- COCHOUN
	Conditions, if ony, which gave)		/		
	rise to immediate cause (a)				
	stating the underlying couse				
	last. (c)				
N	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	MON GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
ATIC	INMONTRY OFF	WS9,44	1270. 491	221016/24	YES NO V
TER	20a. ACCIDENT WAS UNDERLYING 205/DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I or Port II of item 1B.)	V.
CER	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMMER)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Yeor 20d. II		CE OF INJURY (Hame, farm,	20f. (City ar town)	(County) (Stote)
MED	Hour o.m. 19 While		ary, street, affice bldg., etc.)	1	
	p.m. 19 at war 21. I certify that (I) (this hospital) ptten		194 b 10 10	66, to 144 11	, 1967, that (i) (we) last
	saw the deceased olive an 724				nd on the date stated above
	22g. SIGNATURE	17.W, dila illa	r dodin occorrod dr.g	State III, Holli Closes of	22b_DATE SIGNED
	TIVI PANNUAL	ef M.	D. PHYS.	NED. STAFF PHYS.	5-11-1467
	22c. PHYSICIAN'S	1 0 1 1	22d. APORESS	Poly))
	NAME (Type)	2013A74/	400 0	10 MMIL	MAJONION) HO
22	o. BURIAL CREMATION. 23b. DATE THEREOF	23c. MAME OF CEMETERY OR	CDEMATORY	23d. LOCATION (City or Town	(County) (Stote)
23	DEMOVAL (Speciful)		CKEMMIOKI		
0	Burial 5/11/1967	Cedar Hill	aca perin i	Greeneastle, 3	STRAR'S SIGNATURE
2	N/ 11/ 1/1 //		AZAU		
	INEXEL & LUNG	Waynesboro, Pe	nna. DARFIA!	15 1967 400	carles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave certon papers. Pages I are should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deat

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MARY	LAND STATE DEPAI	RTMENT	OF HEALTH		
DIVISION OF VITAL RECO	RDS, 301 W. PRESTON	STREET, I	BALTIMORE,	MARYLAND	21201
	CED-15164-5	A			

0	7303			CERTI	FICATE	OF DEATH			0.	7282
	CE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceos			before odmission)
0. (1	OUNTY	WASHINGTON		MAI	RYLANO	o. STATE MARY	LAND	b. COUNT	WASI	HINGTON
b. (1	ITY OR TOWN (If outside corporate limit	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If out	tside corporot	te limits, write RURA	l ond give n	earest town)
	Wille KOKAL BOO	AGESTOWN		40 YEAR	RS	HAGE	RSTOW	N	21	./
d. N.	AME OF HOSPIT	AL OR INSTITUTION (If no				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	471	NORTH PO	TOMAC	STREET,		474 NORI	H POT	OMAC STRE	ET,	YES NO 🔼
3. NAM DECI (Typ	ME OF EASED e or print)	Fii KATHE	RINE	Middle N.	C	Lost RAMER	4. DATE OF DEATH	Month MAY		0 oy Year 22, 19 67
S. SEX	10	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 8	. DATE OF BIRTH	9.	. AGE (In years		EAR IF UNDER 24 HRS.
FE	MALE	WHITE	WIDOWED	O IVORCI	EO 🔲	JAN. 11, 19	109	last birthdoy) 58 yrs.	Months 0	loys Hours Min.
10o. USI during n	UAL OCCUPATION nost of working	(Give kind of work done life, even if retired) TEACHER	10b. KI	IND OF BUSINESS OR UDISTRY UBLIC SCHO	OOLS	11. BIRTHPLACE (County 8 WASHINGTO		-	12. CITIZ COUN	EN OF WHAT
13. FA1	THER'S NAME					14. MOTHER'S MAIDEN N	IAME	200		
	JAM	ES K. NOEL,	SR.			LOLA F	PERKIN			
1S. WA (Yes, no	AS OECEASEO EVE o or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dotes o	of service)	SOCIAL SECURITY NO. 0-26-7240		HARRY P. C	RAMER	474Addig		OTOMAC ST. MARYLAND.
Corrise	PART I. DEAT A A A A A A A A A A A A A A A A A A	, which gave e couse (o),	(o) SU TO (b) Hy	barrahi		Hemory Cardio V	U		se	INTERVAL BETWEEN ONSET AND GEATH
ATION	RT II. OTHER SI	Obes 1+		TO DEATH BUT NOT RE	ELATEO TO T	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)		19. WAS AUTOPSY PERFORMEO? YES NO
NO (FE	CONTRIBUTING	UNOERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in f	Port I or Part	II of item 1B.)		1358
MEDICAL 02	c. TIME OF INJU Hour o.r p.r	10	20d. II While ot work			E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Count	y) (Stote)
		fy that (I) (this box eceased olive on_E	Mil otten	ded the deceosed	d fram_¬ and that	death accurred of	265, to	, from couses ar	, 19 <u>_6</u> nd an the), that (I) KWeX los dote stated abave
	2c. PHYSICIAN'S NAME (Type)	Ma.	Hoff	FFMAN, M.I	M.D	ATTENOING	MEO. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNEO
23a. BI	URIAL, CREMATIC EMOVAL (Specify BURIAL	ON, 23b. DATE THI		23c. NAME OF CEA		REMATORY .		CATION (City or Town		ounty) (Stote)
	INERAL DIRECTO		91	AOORESS	A VEIN	2So. REC'D	BY REGISTR	AR 2Sb. REGI	ISTRAR'S SIGN	NATURE
C	HARLES	M. ROUZER.	HAGE	RSTOWN. M	ARYLAI	ND. MAY	2 4 19	67 gold	mes,	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after deafn.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07304

CERTIFICATE OF DEATH

Franklin

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

£	IN.		de.	-
I COLINE ON ALLENDING THIS IN THE TAW THOUGH THE GOOM CENTRALE DE CACCION WHITH 27 HOURS WHICH	A)erbl	director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 2	deat
5	-	à	1	er
3		9	les	off
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0	Page 4 moy be retained by the hospital or attending physician.	0	ō	S
	1/15	4.5	£ 1.	13

1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Washington Penna. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Hagerstown 3 weeks St. Thomas. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Garlock Conv. Hosp. R.D.1 3. NAME OF Middle 4. DATE First Last Manth DECEASED (Type or print) Albert Russell Creager DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) White Male WIDOWED [DIVORCED 106. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTRY Farmer &Shop Worker Mach. Mfg. Mercersburg.Pa..R 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David W. Creager Susan L. Lightner

07283 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

e. IS RESIDENCE ON A FARM?

YES NO F

Year

19 67

Hours

5		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pa., R.#1
cremonon, c		Yes WW T 200-24-1638 Mrs. Albert R. Creager, St. Thomas.
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleratic Heart Disease With OUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH Several years.
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO J
	L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
-	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at work 20e. PLACE OF INJURY (Hame, form, foctory, street, affice bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram April 11, 1967, to May 9, 1967, that (I) (we) saw the deceased alive on May 8, 1967, and that death occurred at 6:30 M, fram causes and on the date stated obcomes.
		220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED May 11, 1967
1		PHYSICIAN'S NAME (Type) Edward W. Ditto, III, M.D. 215 W. Washington St., Hagerstown, Md.
	230.	BURIAL (REMATION, REMOVAL (Specify), Pairview Cem. 23d. Location (City or Town) (County) (Stote) REMOVAL (Specify), Pairview Cem.
	24	ADDRESS ADDRES

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07305 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 HAGERSTOWN 1 town) LIFE HAGERSTOWN d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL 119 E. LEE ST. NO X 3. NAME OF 4. DATE First Middle Lost Month Year DECEASED WILLTAM HENRY CRIDER MAY 19 67 (Type or print) DEATH S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Hours MALE WHITE 8/19/1900 WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
DRY CLEANER MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM L. CRIDER NELLIE GRACE BAKER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAHERSTOWN (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-4885 MRS. MARGARET L. CRIDER MD . INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTATIC CARCINOMIL IMMEDIATE CAUSE (o) DUE TO 2+ 425 Conditions, if ony, which gove ADZMONRONAOMA Rearum rise to immediate couse (a). DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) DEHYDRATION NO T Uremia 4 0180818 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year Hour o.m.

22o. SIGNATURE

21. I certify that (I) (this hospital) attended the deceased from 🕒 💳 😘 .

20d. INJURY OCCURRED Not While ot work ot work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(City or town)

(County)

(Stote)

1965 to 15 14 At 1967, that (1) (we) last saw the deceased olive on 15 1967, and thot death accurred of 12 M, fram causes and on the dote stoted abave. 22b. DATE SIGNED

22c. PHYSICIAN'S N. FENDER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) HAGERSTOWN

STAFF PHYS.

WASH.

230. BURIAL CREMATION, RENE VIEW PLAY

M.D.

ROSE HILL CEM.

250 REC'D BY REGISTRAR DATE 19

DIRECTOR

218 N. POTOMAR ST.

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: directar, page shauld be filed

death.

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OR ATTENDING PHYSICIAN:

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The law requires that the death certificate be executed within 24 haurs

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07306

CERTIFICATE OF DEATH

07285

	0.000		OEI(III ICITI	E OI DEATH			(285)		
	PLACE OF DEATH				Where deceosed lived, if instit		before odmissio	on)	
(Washington		MARYLAND	o Slate Marylan	n.d	Washir	aton		
1	b. CITY OR TOWN (If outside corpor	ate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporate limits, write R				
H	write RURAL and give nearest to Lagerstown Ma	rvlan	d Life time	Hagersto	own Marylan	a 2	1-1		
-	d. NAME OF HOSPITAL OR INSTITUTI	ON (If not in	hospital, give street oddress)	d. STREET ADDRESS	11012 / 22 0112	0.	e IS RESID	DENCE	
	Washington C			55 W.	Bethel Str	eet.	ON A FA	ARM?	
3. 1	NAME OF	First	Middle	Lost		onth			
- 1	DECEASED (Type or print) Carr		Beatrice	Davis	OF May	28	Doy Yeo		
S. :		RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1		-	
Fe	emale Colore		/IDOWED DIVORCED	Jan 10 10	PO6 lost birthdoy)	Months	Doys Hours	Mi	
10o.	. USUAL OCCUPATION (Give kind of w	ork done	10b. KIND OF BUSINESS OR		& Stote, or foreign country)		ZEN OF WHAT		
duri	ing most of working life, even if retire DOMESTLC	ed)	INDUSTRY	Halfway	Md.	USA	NTRY?		
	FATHER'S NAME			14. MOTHER'S MAIDEN		1002	7.0		
	George T. Da	vis		Harriet	Watson				
15.	WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		fress			
(Ye	s, no, or unknown) (If yes give wor	or dotes of sen	none Le	ennard Day	is 55 W. Be	thel 9	3+		
	1B. CAUSE OF DEATH (Enter only	. 000 (01100 01		Dav.	10 // 11 00	OTIGT Y	INTERVAL BET	TA/CCA	
	PART I. DEATH WAS CAUSED	BY:		1			ONSET AND D		
	33/X IMMEDIA	TE CAUSE (o)_	Cerebral Hemorr	nage			5/12/6	_	
	Conditions, if ony, which gove	DUE TO							
	rise to immediate couse (o),	(p) _		-					
	stoting the underlying couse	DUE TO				- 100			
	last.	(c) _					T	- 5-011	
No	PART II. OTHER SIGNIFICANT CONE	OITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTO PERFORM	DPSY ED?	
B							AE2	NO	
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	TH	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Month, Doy Hour o.m.	, Yeor		LACE OF INJURY (Home, forn		(Cour	nty) ((Stote	
¥	p.m.	19	While Not While of work	octory, street, office blag., etc.	,				
	21. I certify that (I) (t	his haspita) attended the deceased fram_	May 2, , 1	19.67 , to May 2	28., 19.6	7, that (I) (v	we)	
	saw the deceased alive	an Ma	ay 28, 19 67, and th	at death occurred at	1:15pM, from causes	s ond an the	e date stated	ob	
	220. SIGNATURE	. 000	E)//mater	A.D. PHYS	MED. STAFF	22b. DA1	E SIGNED / 29/67		
	22c. PHYSICHAN'S 22d. ADDRESS								
		l E. Ma	artin, M.D.		otomac St., H	lagerst	own, Md		
230	. BURIAL, CREMATION, 23b.	DATE THEREO	23c. NAME OF CEMETERY O		23d. LOCATION (City or 1			itote)	
F	REMOVAL (Specify) Burial Ma	w 31	1967 Rose Hill	Cemetery	Hagersto	wn Mar		,	
	. FUNERAL DIRECTOR	y /-	ADDRESS		D BY REGISTRAR 2Sb.	REGISTRAR'S SIG	NATURE		
0	of RM/to		Warnette mad	DANU	12 1967 8	Charle	Judge	5	
	FI Elm, La AV	- 777	TOTAL TOTAL TOTAL	UAR	- M IVVI //		- /1 //		

campletely filled in by the funeral and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in b director, page 3 shauld be detached far use as the burial-transit permit. Then please remay received papers. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed	lived, if instituti	ian: Residence	e before o	odmissia	n)
	Washing	rtan		MAD	YLAND	o. STATE Marvla		b. COUN	ITY	shin		
	CITY OF TOWN (I	If autside carparate limits		c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corporate	limits, write RUR				
	write RURAL and	give nearest town Md.		16 days	5	Hagers				71.1		
	NAME OF HOSPITA	AL OR INSTITUTION (If no	in hospital, giv			d. STREET ADDRESS	CONTI	22/10		е.	IS RESID	ENCE
		ngten Ce.				Rural	2			YE	ON A FA	NO#
2	NAME OF	Fire		Middle		Last	4. DATE	Mont	th	Day	Yea	r
1	DECEASED	Helen		av	Deni	nis	OF DEATH	Mav		22.	19	67
S.	(Type or print) SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIE		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		FUNDER	
1	Temale	White	WIDOWED [DIVORCE		March 14,	1909	lost birthdoy)	Months	Days	Hours	Min.
		(Give kind of wark dane	_	O OF BUSINESS OR		11. BIRTHPLACE (County		ign country)	12. CITI	ZEN OF V	VHAT	
	ing most of working	life, even if retired)	IND	me duti	20	Clear	Spring	. Md.	U	S. A	1.	
13.	House FATHER'S NAME	MATIF	110	me auor		14. MOTHER'S MAIDEN	NAME					
	Andn	ew Forsyt	2.0			Mollie S	nvder					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 50	OCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess			
(ye	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates o	service)	-48-546	4	George P.	Denni	s Rd. 2	Cls	spg.	Mo	1.
F		EATH (Enter only one cou								INTER	VAL BET	WEEN
	PART I. DEA	THE WAR CALICED DV.		ac Arres	h.						T AND D	
	4107	DUE										
	Canditians, if ony	, which gove	(b) Rheum	atic Mit	ral S	tenosis Wit	h Left	Heart				
	rise to immediat stating the unde	re couse (o), (ailure.		Rece	ent	
	last.		(c)									
-	PART II. OTHER SI	IGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)		19. V	VAS AUTO ERFORM	DPSY ED?
ATIO	571.0					William Street				YES		NO 🔀
CERTIFICATION	20a. ACCIDENT WA		20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I ar Port	II of item 18.)				
CER		G CAUSE OF DEATH MEDICAL EXAMINER)						The second				
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year		JURY OCCURRED	20e. PLA	CE OF INJURY (Home, for	rm, 20f.	(City or tawn)	(Cou	inty)	(Stote)
MED	Hour o.	m. 19	While of work	Not While of work								
	21 Least	if that (1) (this has	nital) attend	ed the decease	d from_	5-8	19.67, to	5-22-	, 19_	57, the	it (I) (we) las
	saw the d	leceased alive on_	5-22-	1967,	and the	t death accurred a	1 2 P. M.	tram causes	and on th	ne date	stated	abav
1	22o. SIGNATURE	160	1	T		ATTENDING	MED.	STAFF		ATE SIGNE	U	
		1 66	hin	· Co	Μ.	D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS. L	1 5-2	3-67		
	22c. PHYSICIAN'S NAME (Type		Ditto.	Jr.	275	W. Washing	rton St.	Hager	cstown	. Md		
L	1							ATION (City or To		(County)		tate)
23	 BURIAL, CREMATI REMOVAL (Specification) 	lv)		23c. NAME OF CE						(county)	,	d.
_	Buria	1 15/24/	67	St. Pa	uls	Cemetery	C'D BY REGISTRA	ear Sp	EGISTRAR'S S	IGNATURE		u.
2	4. FUNERAL DIRECTO	Ω	11.	1100	mina				Charl			2
	marg	ant How	and.	Teal of	or Tue	Md. DATIM	71 60	DON /		1	1	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove rathon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after crist. Poge 4 moy be retained by the hospital or ottending physician.

VR A15 10

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07308	CERTIFICATE	OF DEATH	07289
o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceosed live o. STATE Md ,	d, if institution: Residence before odmission) b. COUNTY Wash •
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH DF STAY IN 1b	c. CITY OR IDWN (If outside corporate limit Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi Washington County Ho		d. STREET ADDRESS 455 W. Washing	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Cleora	Middle Dorethea	Lost 4. DATE Easterday OF DEATH	Month Doy Year May 23, 19 67
SEX 6. COLDR DR RACE 7. MARRIED White WIDOWED		DATE OF BIRTH 9. AGE 100t Apr. 20, 1899 68	(In yeors IF UNDER 1 YEAR IF UNDER 24 HR: sirthdoy) Months Doys Hours Min.
	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or foreign co Mt. Airy, Md.	untry) 12. CITIZEN OF WHAT COUNTRY?
John W. McCle1	1and	14. MOTHER'S MAIDEN NAME	V. Barnes
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		NFORMANT Broy Easterday, F	Address Magerstown, Md.
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. CONDITIONS CONTRIBUTING TO	DEASH BUT NOT REMTED TO	HE PRIMAL TISEASE CONDITION GIVEN IN P.	ART I(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I or Port II of i	YES NO
(II CITTLER, NOTH I MEDICAL EXAMINACK)	Not While of work	E OF INJURY (Home, form, ory, street, office bldg., etc.)	or town) (County) (Stote)
saw the deceased alive en 220. SIGNADURE	23 19 and that		n causes and an the date stated above
174	lilly M.D		STAFF D
22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, REMOVAL Segify 5-26-67	23c. NAME OF CEMETERY OR C	REMATORY 230 LOCATION	(City or Town) (Coulity) (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after any

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07309	
PLACE OF DEATH	

CERTIFICATE OF DEATH

07287

0 4 9 0	J	CERTIFICA		0.00.
1. PLACE OF DEAT	Н		2. USUAL RESIDENCE (Where deceosed lived,	if institution: Residence before admission)
o. COUNTY Wa	shington	MARYLAND	o. STATE Penna.	b. COUNTY Franklin
b. CITY OR TOW	N (If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL ond give neorest town)
ural-Ma	ugansville M		Rural_Chambersbur	rg , R.R.1 75-3
		n hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Maug	ansville Menno	onite Home	Greene Twp.	YES K NO
3. NAME OF DECEASED	First	Middle	Lost 4. DATE	Month Doy Year
(Type or print)	FANNIE	L.	EBY DEATH M	AY 23, 1967
S. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost bir	yeors IF UNDER 1 YEAR IF UNDER 24 HRS thdoy) Months Doys Hours Min.
Female	White	WIDOWED DIVORCED	9/25/1870 96	yrs.
	(10N (Give kind of work done ing life, even if retired)	Home	11. BIRTHPLACE (County & Stote, or foreign coun Franklin CoPa.	try) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
	Henry Eber	rsole	Martha	a Lehman
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	(If yes give wor or dates of s	elvice)	Ira.L. Eby R.R.#1, Cha	ambersburg Pa.17201
IB. CAUSE OF	DEATH (Enter only one couse	per line for (o), (b), ond (c).)		INTERVAL BETWEEN
PART I. [DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Arterio	sclerosis	5 ONSET AND DEATH
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rise to immed	liote couse (o),		Vardio vascular Diseas	Se
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) (c)		TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(g) 19. WAS AUTOPSY
PAKI II. UIHE	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of iter	m 1B.)
20c. TIME OF Hour	INJURY Month, Doy, Yeor o.m. p.m. 19	20d. INJURY OCCURRED 20e While Not While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or	town) (County) (Stote)
21. I ce	rtify that (1) (theix tospet	ottended the deceased from	January , 1960 , to May	23, , 1967, that (1) XXXX lo
saw the	deceased alive on Fe	bruary 19 67, and	that death accurred at 1:15 M, from	
22o. SIGNATU	RE GUT N	the se	M.D. ATTENDING MED. STA	
22c. PHYSICIA NAME (Ty		ro, JR. M.D.	22d. ADDRESS 215 W. WASHINGTON	ST. HAGERSTOWN, MD.
230. BURIAL, CREM.	ATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	
			Mennonite Cem. Chambers	ity or Town) (County) (Stote) burg=Franklin= Penna
24. FUNERAL DIRE	cify) 5/27/190			

TO FUNERAL DIRECTOR: After this cerificate has been signed by the ottending physician and compretely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon, apers. Pages I and should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after detactions. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

BY C. 1.0						* * * * * * * * * * * * * * * * * * * *
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	2 roduredice	S. L.Deggs	70225	.6- nii	ivanna	
*	.470	ellios - Esta e	1.	Inconnect 6	(Liven)	
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	9 0 9	o different			tenne	
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427/1367 Cardeschurg Connent to Jer. Combachara Pracilina

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07310			CERTIF	ICATE OF	DEATH			07288
funeral and and er death	1.	CLACE OF DEATH O. COUNTY Washing	ton		MARY	0. 9	JAL RESIDENCE (WHOTATE Md	nere deceosed lived,	if institution: Resi b. COUNTY	dence before admission) ALTO
executed within 24 hours after a completely filled in by the further and carbon papers. Pages 1 any event, within 72 haurs after		o. CITY OR TOWN (f outside corporate limit give negrest tawn) consboro Ri	'	c. LENGTH OF STAY II	10		ide corporate limits,		give nearest town)
in in ers.		I. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, giv	re street oddress)		EET ADDRESS		0/	e. IS RESIDENCE ON A FARM?
filled in k papers. Thin 72 ho		Fahrney	- Keedy Men	orial H	ome		CEDAK	RWOOD	Rd.	YES NO
ecuted withi campletely f ave carbon y event, with		NAME OF DECEASED Type or print)	France		G. Middle	Fleag	le		Month May 12,	Doy Year 19 67
camp mave con iny eve	S. I	Fema le	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED DIVORCED		of Birth ist 25,18	9. AGE (In	rthdoy) Month yrs.	DER I YEAR IF UNDER 24 HRS. Hours Min.
		ng most of working	(Give kind of work done life, even if retired)		O OF BUSINESS OR JSTRY		RTHPLACE (County &	State, or foreign coun	itry) 12	COUNTRY?
physic physic en ple aval, a	13.	FATHER'S NAME					OTHER'S MAIDEN NA	ME		
e death certifi attending phy sermit. Then an, ar remava	1S. (Ye		R IN U.S. ARMED FORCES? (If yes give wor or dotes of		CIAL SECURITY NO.	17. INFORMA	ANT	TAPLO	Address	
the the sit grant			ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	1-1	1, (b), and (c).)	lende	i Can	dis	16-6	INTERVAL BETWEEN ONSET AND DEATH
requires g physicion signed burial-t a burial,		Conditions, if ony, rise to immediat stating the under last.	e couse (o), ((b)	8-	Taces	lon	Sinen		Jyn.
N: The law at an attending at the has been or use as the lealth priar the	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERM	NINAL DISEASE COND	ITION GIVEN IN PAR	RT 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
ospital ar certificate hed for un	L CERTIFICATION	2Da. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		2Db. DESC	RIBE HOW INJURY O	CURRED. (Enter no	oture of injury in Po	ort I or Part II of ite	m 18.)	
the hard	MEDICAL	Hour o.r p.r	n. 19	While of work		foctory, stree	JURY (Home, form, of office bldg., etc.)	2Df. (City or	town)	(County) (Stote)
TENDING ined by OR: After auld be auld be the State		saw the de	y that (I) (this hose eceased alive an		the deceased	fram 10	accurred at	ta NA		96/, that (I) (we) last the date stated above.
OR AT be reto DIRECT ge 3 sh led with		22o. SIGNATURE	- GU	Val	Van	M.D. PHY		IRECTOR PH	AFF 22b.	eg/3,67
SPITAL 4 may IERAL or, pag d be fi		22c. PHYSICIAN'S NAME (Type)	(-) · V	Vihe	Van		d. ADDRESS	mslo	20 0	my
Page 4 TO FUNE director should	1	REMOVAL (Specify	5/16	FREOF 167	23c. NAME OF CEME			33d. LOCATION (, 60.	(County) (State)
VR A15 (4) 25M 1/67	24	FUNERAL DIRECTO		3061	REDER!	CKRS	2Sa. REC'D	7 1967	25b. REGISTRAR	'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07214	CERTIFICAT	E OF DEATH		0	7290
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (V	Where deceosed lived, if institut b. COUI		fore odmission)
Washington	MARYLAND	Maryl		Vashing	ton
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RUI	RAL ond give neor	rest town)
write RURAL and give necrest town) Hagerstown Maryland	65yrs.	Hagerston	wn Maryland	3 2	1.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	mar y rain		e. IS RESIDENCE
237 Suter Ave.		237 Sut	er Ave.		ON A FARM?
B. NAME OF First	Middle	Lost	4. DATE Moni	th D	oy Year
DECEASED	abriel	French	OF NE	5	1967
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	T IF UNDER 1 YEAR	-
Male Colored WIDOWED	DIVORCED		_ lost birthdoy)	Months Doys	
	CIND OF BUSINESS OR		898 69 yrs.	12. CITIZEN	OF WHAT
uring most of working life, even if retired)	NDUSTRY	and the second second second		COUNTRY	
Barber		Front Roy		USA	
3. FATHER'S NAME					
Jack French		Unknow	1		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) ((If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess	
	12-14-7046	Nettie Fr	cench 237 Su	ter Av	e
18. CAUSE OF DEATH (Enter only one couse per line for	r (o), (b), ond (c).)				NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	JAIGSTASOY	IHEMO	NON	V	ONSET AND DEATH
4201 DUE TO				1 4 7	7
	とっていい らこしらいかい	a Corromina	ARTERY DISE	ENSE	
rise to immediate couse (o), Stoting the underlying couse					
last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	[1]	9. WAS AUTOPSY
					PERFORMED?
200. ACCIDENT WAS UNDERLYING \(\bigcap \) 20b. D	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of item 181		7.5
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW MOUNT OCCURRED	· (cino inciso o injuly in	on your on toll to on home tolly		
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stote)
Hour o.m. While	Not While fo	ctory, street, office bldg., etc.)		(coomy)	(31016)
p.m. 17 of wor	rk 🗀 otwork 🗀				
		6 6 .	01 20 . 64 6 1 4	2 2 2 2 2 2	
21. I certify that (I) (this hospital) atter	nded the deceased fram_	Oct. 8 ,1	963, to MAY	5, 1907,	that (I) (we)
saw the deceased alive on MAY		at death occurred of	9 63, to MAY 5472M, from couses	and on the d	ote stated abo
	nded the deceased fram_ 19 <u>67</u> , and th	at death occurred of	MED. STAFF	and on the d	ote stated abo
saw the deceased alive on	nded the deceased fram_ 19 <u>67</u> , and th	at death occurred of ATTENDING PHYS.	5492M, from couses	and on the d	ote stated abo
saw the deceased alive on 220. SIGNATURE 22c. PHYSICIAN'S	nded the deceased fram_ 19 <u>67</u> , and th	at death occurred of A.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	and on the d	ote stated about
saw the deceased alive on 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) W. M. TEN	nded the deceased fram_ 19 <u>61</u> , and th	at death occurred of A.D. ATTENDING PHYS. 22d. ADDRESS 218 M - P	MED. STAFF DIRECTOR PHYS. C	and on the di	ote stated abo
saw the deceased alive on 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF	nded the deceased fram_ 19 <u>67</u> , and th	at death occurred of A.D. ATTENDING PHYS. 22d. ADDRESS 218 M - P	MED. STAFF DIRECTOR PHYS. C 23d. LOCATION (City or To	and on the d 22b. DATE SI 22b. DATE SI WM) (Coun	ote stated about the st
saw the deceased alive on 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) W. M. TEN	anded the deceased fram	at death occurred of A.D. PHYS. 22d. ADDRESS 218 M. P CREMATORY Cemetery	MED. STAFF DIRECTOR PHYS. C 23d. LOCATION (City or To Gettysburg	and on the d 22b. DATE SI 22b. DATE SI WM) (Coun	ote stated about the state of t

within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 shauld be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after or TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.43	£4		CERTIFIC	AIL	OF DEATH			07291
1. PLACE OF DEATH a. COUNTY				Ì	 USUAL RESIDENCE (V o. STATE 	Vhere deceased lived,	if institution: Resi b. COUNTY	dence before admission)
	WASHINGTON		MARYLAN			LAND		SHINGTON
b. CITY OR TOWN	(If autside corporate limits, nd give nearest tawn)		c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If ou	tside corporate limits,	write RURAL ond	give nearest town)
HAG	ERSTOWN		50 YEARS		HAGE	RSTOWN	1	21./
d. NAME OF HOSP	ITAL OR INSTITUTION (If nat	in haspital, g	ve street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
WASH	INGTON COUNT	Y HOSF	PITAL	i i	412 WE	ST WASHIN	GTON ST.	YES NO
3. NAME OF	Firs	t	Middle		Last	4. DATE	Month	Day Year
(Type ar print)	LOGAN	J	ANTHONY	GAI	LLAGHER SR	OF DEATH MA	Y	30. 19 67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [DATE OF BIRTH	9. AGE (Ir	years IF UND	DER I YEAR IF UNDER 24 H
MALE	WHITE	WIDOWED	DIVORCED (MAY 4, 1891	76	rthday) Manth yrs.	s Days Haurs Mi
a. USUAL OCCUPATIO	ON (Give kind of work done	10b. KIN	ID OF BUSINESS OR		11. BIRTHPLACE (County)			CITIZEN OF WHAT
during most of workin	g life, even if retired)	OTAN	USIRY TAVERN		EIDERTON	PENNSYLV		COUNTRY? U.S.A.
13. FATHER'S NAME	OI LITERI OIC	OWE	I IV ATUCEA		14. MOTHER'S MAIDEN I		HIVER	U.D.R.
	N S. GALLAGH	TEID				.(LAST NA	ME INIVAC	V. 1767. V
	VER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17 INI	ORMANT	· (LADI IVA		
(Yes, po, ar unknawn	(If yes give war or dates of	service)						WASHINGTON S
			5-10-5341	MTTI	LAM TERRY	GALLAGHER	, HAGERS	TOWN , MARYLAI
	DEATH (Enter only one caus ATH WAS CAUSED BY:	e per line for	(a), (b), and (c).)					INTERVAL BETWEEN ONSET AND DEATH
TAKT I. DE	IMMEDIATE CAUSE (o) B	Leeding Eso	phog	eal varices	8 (8 h	rs.)	OHSET AND DEATH
581		0						
Canditians, if an		b)C-	rrhosis of	the	Liver			Not Knew
stating the und		0						
last.)	(c)						
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING T	DEATH BUT NOT RELATE	D TO TH	TERMINAL DISEASE COM	IDITION GIVEN IN PAR	RT 1(a)	19. WAS AUTOPSY PERFORMED?
		0.00						YES NO
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (Er	nter nature af injury in	Part I ar Part II af ite	m 18.)	
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)							
5 20c TIME OF IN	JURY Month, Day, Yeor	20d IN	JURY OCCURRED 20	e PLACE	OF INJURY (Hame, farm	. 20f. (City or	town)	(County) (State)
20c. TIME OF IN	ı.m.	While	Not While		, street, office bldg., etc.)		,	()
	o.m. 19	ot wark			100		2100	0/11 11 11 1
	tify that (1) (this chosp	NON attend	ed the deceased tro	m	3/28	967, to		96/, that (I) (we)
	deceased alive an	5/2	9 1967, and	d that (death accurred at	7BAM/1017		the date stated abo
220. SIGNATUR		be d	1		ATTENDING TO	MED.	AFF 67 22b.	DATE SIGNED
	- Innte	ou L	legalos	M.D.		DIRECTOR L PH	175.	MAY 31, 1967
22c. PHYSICIAN NAME (Typ			1		22d. ADDRESS	TITLICMON O	m ****	COM COM NO.
Tanine (Typ	MILIONO F	HEGO M	7					STOWN, MD.
23a. BURIAL, CREMA	ful .		23c. NAME OF CEMETER	RY OR CR	EMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
REMOVAL Speci BURTAL	(4) 6/2/6	7	REST HAVEN	V CEN	ÆTERY.	HAGERSTO	WN. WASH	L.CO. MARYLAN
24. FUNERAL DIRECT			ADDRESS		2Sa RECT	BY REGISTRAR	2Sb, REGISTRAR	'S SIGNATURE
CHARLE	S M. ROUZER	HAGEE	STOWN MARY	YT.AN	DATE	2 1967	Juan	les judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remove caban papers. Page should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any every within 72 hours or Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CHARLES M. ROUZER, HAGERSTOWN.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE	07312 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	07292
ALTH DAPT.	1. PLACE OF DEATH o. COUNTY Washington MARYLANE	2. USUAL RESIDENCE (Where deceosed lived, if institution: Res	Jefferson
with farm PM3. Pagine State Department	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hagerstown 12 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and Chestnut Hill	85.3
Pages 1, 2, with farm 1 state Depo	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street oddress) Washington County Hospital	d. STREET ADDRESS RFD#2, Harpers Ferry	e IS RESIDENCE ON A FARM? YES NO
with the Sta	(Type or print) Edith Geneus	Garrett d. DATE Month OF DEATH 3	Doy Year 7 19 6 7
ath.	S. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED WIDOWED WIDOWED	Oct.25,1912 lost birthday) Month	
s o s lc	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Line 10b. KIND OF BUSINESS OR BOOKD inder	Chestnut Hill, W. Va.	COUNTRY?
	13. FATHER'S NAME Humphrey Lee Wilt	14. MOTHER'S MAIDEN NAME Ida Eugene Pearl	
Chief Medical Examine transit permit. File pag event within 72 haurs	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) No None 235-32-0902	17. INFORMANTMrs. Dolores Jeffkin RFD#2. Harpers Ferry, We	
nef Medico	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Brain Turns	ion Astrocythma	ONSET AND DEATH
ta the burial- in any	193.0 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause DUE TO DUE TO DUE TO		3-81102
as	lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
or rem	PRIMARY Or CONTRIBUTING	RED. (Enter noture of injury in Port I or Port II of item IB.)	YES NO
your files. Page 3 sho crematian,		. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
execute or. Page d far you Tok: Pag urial, cren	21. I certify that I toak charge af the remains described above	Suicide, Hamicide, Undetermined manner	
uneral direct y be retaine NERAL DIRE h prior ta b	ACTUAL SIGNATURE SCHWARD W. DITTO, III'	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
the funeral 5 may be ra 10 FUNERAL Health prior	NAME (Type) 2 17 W. WASHINGTON ST. HAG 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETER	MD Address (Street, city, town, or county) OR CREMATORY 23d. LOCATION (City or Town) Hill Cemetery, Whestput H	(County) (State)
A 15ME (5)	ADDRESS	ry, 25MAY BI REIST 1967 256/ ATTEMPT	DIS MGNATURE GE

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EDWARD W. DITTO, III 217 W. WASHINGTON ST. HAG., MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

FOR STATE	073
EALTH DEPT.	1. PLACE OF DEAT

and 3 to

This certificate should be executed within 24 hours ofter death.

AL EXAMINER:

O DEPUTY

State Department of Tradits after death. in pencil in Item 18. Give Poges 1, the funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with th Heolth or its designated agent, prior to buriol, cremotion, or removol, and in any event within necessary, please execute the certificote, writing the word "pending"

13	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
----	---------	-------------------	-------------	----	-------

	0731	3	ME	DICAL EXAMINER'S	CERTIFICATE (OF DEATH		07293
1.	PLACE OF DEATH o. COUNTY	Washin	gton	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived, if institut	nan: Residence NTY Wash	before admission)
	b. CITY OR TOWN	(If autside carparate lin	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carparate limits, write RU		
	Ha	d give nearest tawn) serstown		66 years	Hagerst	own	21	1.1
		TAL OR INSTITUTION (IF			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Washi	ngton Co	unty	Hospital	355 Bry	an Place		YES NO
3.	NAME OF		First	Middle	Last	4. DATE Mont	th	Day Year
	DECEASED (Type or print)	ME	RLE	SCOTT	GIBNEY	OF DEATH May	y 2	19 67
S.	SEX	6. COLOR OR RACE	7. MARRIE		8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 Y	
	mal s	White	WIDOWE	DIVORCED DIV	September	241900-66 yrs.	Manths D	ays Haurs Min.
		N (Give kind of wark da		. KIND OF BUSINESS OR	11. BIRTHPLACE (State	e or fareign cauntry)		N OF WHAT
UUI	ing most of working	ine, even n renied)	g	Beenhouse	Hagers	town, Md	COUN	IKT?
13.	FATHER'S NAME	ToT -	7 4	C 011	14. MOTHER'S MAIDEN			
		wa	lter	S. Gibney	Elsi	e Conrad		
15	WAS DECEASED EV	ER IN U.S. ARMED FORCE	5? 1	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess	15
(1	no	In yes give war ar date	301 2614166 5	14-09-0340A	Frances	Gibney, Hage	erstow	n, Md
		EATH (Enter only one o	ause per line	far (a), (b), ond (c).)				INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE IMME	E (a) 1)	Brain stem da	amage			1 day DEATH
	903			Cerebral con				
	Conditions, if any		(b) 3);	Subarachnoid	hemorrhag	e with basal		
	rise to immedia stoting the unde		JE TO	and occipital	l skull fr	acture		
	last.)	(c)					
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
TIFIC	20o. EXTERNAL CA		20b.	DESCRIBE HOW INJURY OCCURRED). (Enter nature af injury in	Port I or Part II of item 1B.)	-	
CER	PRIMARY X or CO CAUSE OF DEATH.	INTRIBUTING 🗀		Undetermine	Fell str	iking head o	n cond	crete.
MEDICAL	20c. TIME OF INJ	URY Manth, Day, Year	20d	INTUDY OCCUPPED 200 DI	ACE OF INJURY (Hame, farr	m, 20f. (City ar tawn)	(County	
MEL	Haur a.	$_{\rm m.}^{\rm m.}$ 5/20 $_{\rm 1}$	67 Wh	nile Nat While Great	ictary, street, office bldg., etc. een house	Hagerstow	n Was	h. Md.
	21. I certif	v that I taak char	ae of the r	remains described abave, h				and in my opinian
	death resul		ral causes		icide , Hamicide			and in my opinion
		2//	//	0 11	CHIEF MEDICAL			5/22/67
	ACTUAL SIGNATURE	\$6	evaul	a Weeks		DICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	Howard N	. Weel	ks, M.D.	DEPUTY MEDIC Address (Stree	AL EXAMINER 3580 et, city, tawn, or county) Hag	North	ern Ave. wn, Md.
230	BURIAL, CREMATI		HEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or To		unty) (State)
	REMOVAL (Specify	5-24	1967	Rivervie	Cemetery	Williamsp	ort M	d.
24	. FUNERAL DIRECTO			ADDRESS	2Sa. REC	D BY REGISTRAR 25b. RE	GISTRAR'S SIGN	IATURE
	minnic	n Funera	1 Hom	e, Hagerstown	n, NH DATE M	AY 26 1967	Marl	en Judge

VR A15ME 6M 1/66

emove carban papers. Pages F and 2 any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07294

	0721	*		2311111111					0		
	O. COUNTY WA	SHINGTON				2. USUAL RESIDENCE (Where dec	1 COLLE			
-		outside corparate limits,		MARYLAND c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If or					711
		STOWN (STOWN)		LIFE				GERSTOWN	_	/ (wii)	
		L OR INSTITUTION (If not				d. STREET ADDRESS				e. IS RESID ON A FA	ENCE ARM?
	WASHING	TON COUNT	Y HOS	PITAL		RT •#6	HAGE	RSTOWN			NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DATI			,	
	(Type ar print)	DALTA		RAE		GR IMM	DEAT		21		67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthdoy)	Manths Days		24 HRS. Min.
	FEMALE	WHITE	WIDOWED	DIVORCED [11/5/18	389	77 Yrs.			mut.
100	. USUAL OCCUPATION	(Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar	foreign country)	12. CITIZEN (
aur	ring mester working	Deve C'LERK	D	EPT. STORI	E	MARY.	LAND		U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	IRVIN	R. GRIMM]			LILA V	. BE	ARD			
15	. WAS DECEASED EVE	IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO.	17. IN	FORMANT			T.#6		
(1)	NO NO	If yes give war ar dates af	service)		MI	SS CARRI	E P.	GRIMM	HAGERS	STOWN	UM V
	IB. CAUSE OF DE	ATH (Enter anly one couse	per line for	(a), (b), ond (c).)						TERVAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	Con	ouary O	cci	licocosi -			LE	INSET AND D	
	4201	DUE T	,	,							
	Conditions, if any,		HIT	eriosclero	on	, genero	eli2	el 4	2	Sac	in
	rise to immediate	cause (a), (,							0	
	last.	ying coose	1) Hr	teno scle	cost	tie Henre	Y	1) colase			-
	PART II. OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED				IVEN IN PART 1(a)	19	. WAS AUTO	
TION	P	Sprioteri	1 101	gantaic (Du	tente.				PERFORMI YES	NO 179
CERTIFICATION	20g. ACCIDENT WAS			SCRIBE HOW INJURY OCCUR		<u> </u>	Part I or I	Part II of item 1B.)			
CERT	OR CONTRIBUTING	CAUSE OF DEATH				, ,		,			
3	1	RY Month, Day, Year	20d. IN	JURY OCCURRED 20e	. PLACE	OF INJURY (Hame, farr	n. 20f	(City or tawn)	(Caunty)	(State)
MEDICAL	Hour 'a.m	. 10	While	Not While		ry, street, affice bldg., etc.					
	p.m		at wark	led the deceased fran	<i>Q</i>	1. 50 /	1063	to May 2	4 1067	that /IV /s	tapl law
		ceased alive an		1967 and	that	death accurred at	731	M fram causes	and an the do	ite stated	nhove
	22a. SIGNATURE	ceused dilve dil	7	11	mar	douin deconou un	1-10	_m, nam caosos	22b. DATE SIG		40010
	1 37	01,5	11/1	10 711	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5-26	:-67	
	22c. PHYSICIAN'S	and the same of th	266	0 11				Washingto			
	NAME (Type)	Edward W.	Ditto	, III, M.D.		Hage	rstow	n. Maryla	nd		
23	o. BURIAL CREMATIO	N, 23b, DATE THER	EOF	23c. NAME OF CEMETERY	Y OR CI	40		LOCATION (City or To		ty) (S	tate)
-	o. BURIAL CREMATIO REMONATION	L 5/2	7/67	ROSE HI				AGERSTOW	,		D.
2	4. FUNERAL DIRECTO		11	ADDRESS	-	/ 2So. REC	D. BY REGI	STRAR 25b RE	GISTRAR'S SIGNAT		
1	41.7.71	Sen IT	Xees	esstone.	14	DATE	113	I 1967	Markey	Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please femore-carban papers. Prehauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hour Page 4 may be retained by the haspital ar attending physician.

, \$ 1 × 1. THE TAXABLE DESIGNATION OF THE OF EDITOR LAW TO RESERVE VIEW COMMENTS AND ARREST SALLINGS THE SECTION OF STREET CLER .V LILL - PSTED IS MIVEL on another ships . Filling the second of the Capable new adjacet to further that the second of the seco LOSS TO SERVICE TO THE PARTY OF

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE U 6316	MEDICAL EXAM	INER'S CERTIFICATE O	F DEATH	07235
1. PLACE OF DEATH			Where deceosed lived, if institution: R	
o COUNTY Washington	M	ARYLAND Narylan	d Washing	ton
b. CITY OR TOWN (If outside co write RURAL and give neare: Hagers to wm d. NAME OF HOSPITAL OR INSTITUTE 238 SO Mul. 3. NAME OF DECEASED (Type or print)	porote limits, c. LENGTH OF STA	Y IN 16 c. CITY OR TOWN (If ou	utside corporote limits, write RURAL on	nd give neorest town)
Hagerstown	2 Irs		agerstown 2	21-1
	UTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
238 So Mul	berry St	238 So M	Mulberry St	YES NOX
(.16. 0. 6)		Lost ARBAUGH	4. DATE Month OF DEATH May 10 19	Doy Year 967 19
s. sex 6. color 6. wh		RIED B. DATE OF BIRTH CED XXX March 19	1 4 1 4 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Inths Doys Hours Min.
during most of working life, even if real notations	f work done etired) E . J . F enne		or foreign country) COWN Wash Co No	12. CITIZEN OF WHAT d. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Herm	an L. Harbaugh	Bert	tha M. Ausherma	an.
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (If yes give v	ED FORCES? 16. SOCIAL SECURITY NO or or dotes of service 214-09-737	'5 Mrs Bertha M	Address I. Harbaugh 238	St 3 So Mulbber
PART 1. DEATH WAS CAU IMME Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last.	DUE TO (b) General (OUE TO (c) Anterio	a Yhuo Sclew in teni sclus sclus tri hear	et Diseme	INTERVAL BETWEEN ONSET AND DEATH 1-2 yyu 10-15-
PART II. OTHER SIGNIFICANT CO	Alcolovics on Parth But Not	related to the terminal disease con	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Hour o.m., p.m.	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Hour o.m. p.m.	Doy, Yeor 20d. INJURY OCCURRED While Not While of work of work	20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(County) (Stote)
21. I certify that I to death resulted fram:	aak charge af the remains described	abave, held an Autapsy	Inspection , Inquiry	and in my apiniar
	Natural causes Accident [
ACTUAL SIGNATURE	I WDIHO-	CHIEF MEDICAL ASSISTANT MED	EXAMINER DICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type) 217	W. Washington St		AL EXAMINER	5/11/67 town Md
P Buyy (Brity) 5	/12/67 Rose Ti	EMETERY OR CREMATORY .ll Cemetery	23d. LOCATION (City or Town) Hagerstown Wa	ash Co Md
24. FUNERAL DIRECTOR Hag	erstown Md. ADDRESS offman Funeral Ho	me Inc	AY 15 1967 25b. REGISTRA	AR'S SIGNATURY

MENAU

ANGELIA SERVICE VALUE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

073	17	CERTIFICA	TE OF DEATH		07295
PLACE OF DEATH a. COUNTY	Washingto	on Maryland	2. USUAL RESIDENCE (V a. STATE Md.	Vhere deceased lived, if institution: b. COUNTY	Residence befare admission) Wash.
b. CITY OR TOWN write RURAL on Hager	If autside corparate limits, d give nearest tawn) S COWN	c. LENGTH OF STAY IN 16 54 years	c. CITY OR TOWN (If ou Hagerst	tside corporate limits, write RURAL o	ond give neorest town)
		in haspital, give street address) ty Hospital	d. STREET ADDRESS 425 Cla	rendon Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Marga		Lost Head	4. DATE Manth OF DEATH M	Day Year 127, 19 67
female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 20,18	lost hirthday) Me	UNDER 1 YEAR IF UNDER 24 H anths Days Haurs Mi
10a. USUAL OCCUPATIO during mast af warking	N (Give kind of wark done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Shoe mfg.		& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	John Gord	ion	14. MOTHER'S MAIDEN N	Mary E. L1	oyd
	R IN U.S. ARMED FORCES? (If yes give war or dotes of s		James W.	Address Head, Hagerst	own, Md.
Canditians, if any rise to immedia stating the under last. PART II. OTHER S	te cause (a), DUE TO	Tributing to DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO
CIE EITHER NOTIEY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	Part I ar Part II af item 1B.)	
Hour a.	URY Month, Day, Year m. m. 19		PLACE OF INJURY (Hame, farm factary, street, affice bldg., etc.)		(County) (State
21. I cert	fy that (I) (this hospi eceased alive on	tal) attended the deceased from (ay 27 1967, ond t	Apr. 23 , 1 hor deoth occurred at	967 to May 27 11 13 M, from causes ond	7, 19 <u>62</u> , that (I) (we) I on the date stated ob
22a. SIGNATURE CLUB 22c. PHYSICIAN'S NAME (Type		pitto, III, M.D.	M.D. PHYS. 22d. ADDRESS 21	MED. DIRECTOR PHYS.	
230. BURIAL, CREMATI	5-31-	67 Rest Have	or Crematory Cometery	23d. LOCATION (City ar Tawn)	(County) (Stote)
		ADDRESS ADDRESS Hagerstown	en Cemetery 2So. REC'L	BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE

completely filled in by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and director name 3 should be detached for use as the hiring transit name then please rem

are of surprise 4 7 7 AND TO THE RESERVE THE PROPERTY OF THE PROPERT The Land Control of the La The same of the sa The state of the s

- 100 March 100

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Tallian Indian

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 3 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any exempt, within 72 hours after death

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTORC

	DIVISION OF VIII	AL RECORDS, SUI W. PRESIG	M SIKEEL, DALIIM	ORE, MARTLAND 21201	
07318		CERTIFICATE	OF DEATH		07297
1. PLACE OF DEATH a. COUNTY	shingto	MARYLAND	2. USUAL RESIDENCE (a. STATE	Where deceased lived, if institu b. COU	tian: Residence befare admission) NTY Park (introduction)
b. CITY OR TOWN (If autsi write RUBAL and give	nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparate limits, write RU	
Williams		a 1 /2 8 mo	Wa	inesbore	
2750 Va	INSTITUTION (If not in basp		d. STREET ADDRESS	North G	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ida First	May He	ennenberg	4. DATE Man OF DEATH Man	
S. SEX) 6. CC	DLOR OR RACE 7. MARK		8. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give during mast af warking life, even	en if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	B. Zimm		14. MOTHER'S MAIDEN A 17 11 € INFORMANT	- DU/	PRNHART PEFF ess 2750 Va ALUE
(Yes, na, arunknawn) (If yes	give war ar dates of service)	183-07-41560	marktu	raque, suft	wms Pt. 2178
PART I. DEATH WAS	Enter anly ane cause per lin S CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).)	Occlu	l'air	INTERVAL BETWEEN OVER AND DEATH
Canditians, if any, which rise to immediate caus stating the underlying last.	e (a), ()	typertens	we ex.	Durease	10 yes
PART II. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	ISE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJURY M. Haur a.m. p.m.	10		CE OF INJURY (Hame, farr ary, street, affice bldg., etc.		(Caunty) (State)
21. I certify the	4 1 1	ttended the deceased fram (t death accurred at	19 65 , ta <u>5-1</u> 7:15 <u>A</u> M, fram causes	and an the date stated above
22a. SIGNATURE	Rech P. 4	anuad M.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 5-1-67
22c. PHYSICIAN'S NAME (Type)	Robert	P. Comrad	22d. ADDRESS	Hagensto	wu, Ma
23a. BURTAL, CREMATION,	23b, DATE THEREOF	235 NAME OF CEMETERY OR	CREMATORY .	23d. AOCATION (City or To	own) (County) (SPate)

ADDRESS

25g. REC'D BY REGISTRAR
DAMAY 2 1967

H.S.F.ID 4 The the way at the first of the first All the state of the same of t AN ABOUT THE STATE OF THE STATE THE RESERVE OF THE PARTY OF THE And the state of t Land and the second a and the parties of the first of There is not when you were found the try the tree the Wash Hydron and water to the fill a list a little for the fill and the

MARYLAND STATE DEPARTMENT OF HEALTH DIVICION OF VITAL DECORDS

0731	3:	CERTIFICATE	OF DEATH		67298
PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (W	here deceased lived, if institution: b. COUNTY	Residence befare admission)
V	VASHINGTON	MARYLAND	MAR	YLAND	WASHINGTON
b. CITY OR TOWN write RURAL or	(If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side carparate limits, write RURAL	and give nearest tawn)
	A GIVE REGIEST TOWN	LIFE		ERSTOWN	21.1
	TAL DR INSTITUTION (If not in haspite		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	NGTON COUNTY HOS	SPITAL	522	REYNOLDS AVENUE	YES NO X
3. NAME OF DECEASED (Type ar print)	First CATHERINE	Middle MARY ELIZABET	Lost H HESS	4. DATE Month OF DEATH MAY	Day Year 6, 19 67
S. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE WIDOW	D IVORCED	DEC. 19, 190)1 65 yrs.	anths Days Haurs Min.
IOa. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR		State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working	ARY LA	WYERS OFFICE	WASHINGTON	CO. MARYLAND.	U.S.A.
13. FATHER'S NAME			14. MDTHER'S MAIDEN N	AME	
DANIEI	S. McCLAIN		ELLE	EN LUSHBAUGH	
15. WAS DECEASED EV (Yes, no. or unknown)	(If yes nive war or dates of service)	14 5 40 0001	NFORMANT	522 RI	EYNOLDS AVE.
			SS JEANETTE	MCCLAIN HAGERS	TOWN PID.
PART I. DEA	NEATH (Enter only one couse per line NTH WAS CAUSED BY: IMMEDIATE CAUSE (a)	actions	of gall	Hedder	INTERVAL BETWEEN ONSET AND DEATH
1551	DUE TO	1 77 0.	100 1	+	
Canditians, if and		une en	ce ofthe	min.	angle
stating the under		lever + s.	mer		
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3 Han	al person	tin un	neel		YES NO
(IF EITHER, NOTIFY	IS UNDERLYIN (1) 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in P	art I ar Part II af item 1B.)	
Haur a.	m. Wi		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. 1 cert	ify that (I) (this hospital) atte	ended the deceased fram	et 13 ,19	62, to may 6	, 19 <u>6</u> 7, that (I) (we) la
saw the d	eceased alive an Man		t death accurred at <u>/</u>	"OZP M, fram causes and	on the date stated abov
22a. SIGNATURE	Physica &	P. M. AM		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED MAY 8, 1967
22c. PHYSICIAN'S	anvara C	day	22d. ADDRESS	DIRECTOR CO THIS. CO	MAI 0, 1907
NAME (Type	DR. LAWRENCE L.	PACKER JR.	145 W. WAS	SHINGTON ST. HAG	ERSTOWN MD
23a. BURIAL, CREMATI	ON. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specif		ROSE HILL C		HAGERSTOWN WA	, ,,
24. FUNERAL DIRECTO	21/1-1	ADDRESS	25pg RECO	I 0 1967 25b COST	RAR'S SIGNATURE
			1 100/11		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any exact, within 72 haurs after deat Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

HAGERSTOWN.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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TOTAL TOTAL STATE OF THE STATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. (M)	-	07320 CERTIFICATE OF D		07299
sician.	l and er death		PLACE OF DEATH a. COUNTY WAShington MARYLAND 2. USUAL a. STATE	RESIDENCE (Where deceased lived, if institution: Re b. COUNTY	esidence befare admissian)
ours aft	e es		Wilder RURAL and give nearest town)	R TOWN (If autside carparate limits, write RURAL and Maula ansvene	21-1
in 24 h	papers papers nin 72	L	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give streety address) A-ELG CUNSVILLE, MCI.	Maugansville,	Md . e. IS RESIDENCE ON A FARM? YES NO
ed with	or and completely filled see remove carban pape nativety event, within 7.	L	NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF E	ST DEATH MAY	3/ Year 1967 NDER 1 YEAR IF UNDER 24 HRS.
execut	remove my ev		emale white widowed Divorced April	18,1877 (ast birthday) Man	nths Days Haurs Min.
cate be	physician and en plaase ren oval, end in a	dur	normost of working life, even if retified INTUSTRY Was	Sh. Co., MC.	COUNTRY S. 4.
h certifi	한 글	15	WAS DECEASED EVER IN U.S. ARMED FORCES? LIG. SOCIAL SECURITY NO. 17. INFORMANT	USanna Hors	rt-
ne deat	attend permit ian, ar	(Y	s, na, grunkapwn) (If yes give war ar dates af service) NONE 5, Feb 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	sher Horst- Many	Jansville, Md.
that flian.	signed by the att burial-transit per burial, crematian,		PART I. DEATH WAS CAUSED BY: 422/ IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Due to	Vascular Disease	5 years
requires ng physic	d e o		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Senility DUE TO		
The lav	has b	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Spital o	for for f Hec	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	af injury in Part I ar Part II af item 18.)	
NG PHIY	er this cerri e detached ate Dept. a	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While Nat While at wark 20e. PLACE OF INJURY factory, street, after the street of the stree	ffice bldg., etc.)	(Caunty) (State)
TTENDI	ctors: Atter shauld be ith the Stat		21. I certify that (I) (this hospital) attended the deceased from Jan. 26 sow the deceased glive an April 15, 1967, and that death ac 22a, SIGNATURE		19 <u>67</u> , that (I) (we) last on the date stated obave. 2b. DATE SIGNED
	ge 3 led w		M.D. ATTENDI	INC MED STATE	5-2-67
HOSPITAL OR	director, po	236	NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Was	shington St., Hagerstov	Md (State)
5 5	- WIN		BURIAL CRIMATION, REMOVED TO POCITY) 23b. DATE THEREOF 23c. MANYE OF CEMETERY OR CREMATORY 3/67 FUNERAL DIRECTOR ADDRESS	Mear Cen	foss, md.
VR /	A15 (4)	1	18. Munnich - Greenesste, Pa	DATE JUN 5 1987 gcc	cortes judge

The second of the second of a visit is

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07321 CERTIFICATE OF DEATH

CECHE	CERTIFICATE	OI DEATH		WATER TO THE REAL PROPERTY.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		ce before odmission)
O. COUNTY WASHINGTON	MARYLAND	O. STATE MARYLAND	b. COUNTY W	ASNINGTON
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	e neorest town) 91.1
write RURAL and give nearest town)		DIN, HARE	OSTOULA) M	TANVIANIA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS	KOJOWIO, III	e. IS RESIDENCE
WASHINGTON COUNTY	11-00 00	KING STREET	7	ON A FARM?
3. NAME OF First	Middle	Lost 4. DATE	Month	Doy Year
DECEASED TODA	SUE /	HORST DEATH	may	15 1967
S. SEX 6. COLOR OR RACE 7. MARI			AGE (In years IF UNDER	
- 11.	THE THE MARKIES		last birthday) Manths yrs.	Days Hours Min.
1 Chimie Chile	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or farei		TIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY .	1,100,110 - 11 Ca 401		UNTRY? U.S.A.
13. FATHER'S NAME	NONE	14. MOTHER'S MAIDEN NAME	14 1110	0~7.1.
TO TO I A COLOR	MODET	SUPPORT S	- VEDNI	-
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unknown) (If yes give war or dates of service)	NONE	INTOKINANT	Address	
The same of Statu (fate or less and the				INTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	PRIMARY 747	TELECTASIS		ONSET AND DEATH
IMMEDIATE CAUSE (d)	FPITORPY III			
c the strain and strain a	narked imm	ATURITY BIV	th wt. 180	4 HRS.
nse ta immediate cause (a),			1	
stating the underlying cause (c)	Prematuri	TY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY
E TAKE II. O'MER SIGNIFICANT CONDITIONS CONTRIBUTION	Mo to beatter bot that the beat to		(-)	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20g. A	P DESCRIBE HOM INTITON OCCUPATION	(Enter nature of injury in Port I or Port I	I of item 18.)	163 10 20
OR CONTRIBUTING CAUSE OF DEATH	D. DESCRIBE HOW MISORY OCCURRED.	(Enter harders of injerty in Fort For Fort	0, 110111 10.7	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2	Od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f.	(City or town) (Co	unty) (Stote)
Haur o.m.	While Not While fact	ory, street, affice bldg., etc.)	(city of form)	(0.0.0)
p.m.	twark 🔲 atwork 🔲	10/3	5-11-10	
21. I certify that (I) (this haspital) a	ttended the deceased tram_	t death accurred at 3 48 M,	fram causes and an t	6.7 that (I) (we) last
saw the deceased alive an S	17 6 7, una ma	I deall decorred di a mi,		ATE/SIGNED
	eyser m.	D. PHYS. DIRECTOR	STAFF D STAFF	15/67
22c. PHYSICIAN'S	1	22d. ADDRESS	01 1	1
NAME (Type) TONALD E	KEYSER	101 King	JT. HAGE	RSTOUN
230. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY I 23d. LOCA	TION (City or Town)	(County) (State)
REMOVAL (Specify) MAY 16. 190			GERSTOWN, MAI	
24 FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAL		
John & Schaffer a	Idry Wash 6	1/000 OMAY 29 19	67 Jeliante	y judge
1111		\A . W	1 //	1.1 M

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and it any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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Plant HARENSTEWAY PROSTERIE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, ar removol, and in any event, pergin 2 hours after death. Page 4 moy be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07322

CERTIFICATE OF DEATH

07301

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COLINTY
o. STATE Md. b. COUNTY Wash.
c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn)
rural Hagerstown
d. STREET ADDRESS e. IS RESIDENCE
RFD 3
Lost 4. DATE Month Doy Year HOSE OF May 18, 19 67
8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS
May 7, 1929 Starthdoy) Months Days Hours Min.
11. BIRTHPLACE (County & Stote, or foreign country) Hagerstown, Md.
14. MOTHER'S MAIDEN NAME
Naomi Maugans
7. INFORMANT Address
Fred T. Hose, Hagerstown, Md.
INTERVAL BETWEEN
ONSEL AND DEATH
my more 2 hours
man indit
3-164
O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
TO YES INO
D. (Enter nature of injury in Port I ar Part II of item 18.)
PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State)
octory, street, office bldg., etc.)
Dec., 19 5 2 to may, 19 6 that (1) (we) to
fat death occurred of CM, fram causes and on the dote stoted obov
22b. DATE SIGNED
M.D. ATTENDING MED STAFF PHYS. DIRECTOR PHYS. D 7/15/1-
22d. ADDRESS
baserston, Mil
OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Cemetery Hagerstown, Md.
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Andrew K. Coffman Funeral Home, Inc., Hagerstown

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. PLACE OF DEATH					IDENCE (Wh	ere deceosed lived			nce befor	e odmissi	ion)
o. COUNTY	Washington		MARYLAND	o. STATE	Mary	rland	b. COUN	MY W	lashi	ingto	on
b. CITY OR TOWN	(If outside corparate limits	,	c. LENGTH OF STAY IN 16	c. CITY OR TO		de carparote limits	, write RUI			-	
write RURAL a	nd give negrest town) Williamsport	t	3 Mos.		Will	Liamsport	Rt.	#1	21	./	
	ITAL OR INSTITUTION (If no		give street oddress)	d. STREET ADI	ORESS					e. IS RESII	
	Williamsport	t Sani	tarium		Dell	Linger Ro	oad			YES X	
. NAME OF	Fire	st	Middle	Lost		4. DATE	Mont	h	Doy	Ye	ear
(Type or print)	Lee	9	Hampton	Howe	ell	OF DEATH	May		1	1 19	67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	TH	9. AGE (n yeors	IF UNDER Months	Doys	IF UNDER	R 24 HRS. Min.
Male	White	WIDOWED	DIVORCED [Sept. 3	, 187	7 89	irthdoy) yrs.				MINI.
	ON (Give kind of work done glife, even if retired)		IND OF BUSINESS OR	11. BIRTHPLAC	E (County &	erson Co	intry)		ITIZEN OF OUNTRY?		
	Farmer	R	otired	Charle 14. MOTHER'S					USA		
3. FATHER'S NAME											
	Joseph R. He				n Mill	er	A 14				
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of	service)		7. INFORMANT			Addre		11-		
No		-		eorge Hor	well,	Williams	sport	, Rt.			
	DEATH (Enter only one cou: ATH WAS CAUSED BY:									ERVAL BET	
TAKI I. DU	IMMEDIATE CAUSE (o) Pne	umonitis				5	Sever	al d	SET AND I	-
4221											
Conditions, if on rise to immedia	oto cauco (a)		eriosclerotic	Cardio V	ascul	ar Dise	ase		5	year	S
stoting the und		10									
last.)	(c)									
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELATED T	TO THE TERMINAL DI	ISEASE COND	ITION GIVEN IN PA	RT 1(a)			WAS AUT PERFORM	NO X
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. Di	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Po	rt I or Port II of it	em 18.)				
20c. TIME OF IN Hour o	JURY Month, Doy, Yeor	20d. I While	Not While	PLACE OF INJURY (H foctory, street, office		20f. (City o	or town)	(Co	ounty)		(State)
21. I cert		oital) atten	ded the deceased fram	2-1-6	7, 19	, ta	-4	, 19	67, th	nat (I) ((we) la
22o. SIGNATURE		1					-		DATE SIGN		
-	1. 90	1	1/2	M.D. PHYS.			TAFF HYS.] 5_	5-67	7	
22c. PHYSICIAN				22d. ADD	RESS						
NAME (Typ	e) Dr. E. W.	Ditto	, Jr.	Ha	gersto	own, Md.					
30. BURIAL, CREMA		REOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City or To	wn)	(County	()	Stote)
REMOVAL (Specific Buria		7	Rose Hill C	emetery		Hagers	town,	Wash	1.Co.	. Md.	•
24. FUNERAL DIRECT			ADDRESS			BY REGISTRAR	2Sb. RE	GISTRAR'S	SIGNATUR	RE	
Andrew K	. Coffman Fr	uneral	Home, Inc., H	lagerstow	DAJE J	UL 10 1	967	y CL	arle	47 Cine	· de

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fungral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Y and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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CHARLES M. ROUZER.

CERTIFICATE OF DEATH

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	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	directar, page 3 sl	be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 1 25M 1/67

									-
	PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceosed	ived, if institution: Re b. COUNTY	asidence before d	idmission)
		WASHING		MARYLAND	d. SIAIE MA	RYLAND.	b. COUNTY	WASH	INGTON
	b. CITY OR TOWN (If outside carporate limit d give nearest town)	S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparote li	mits, write RURAL an	d give nearest to	awn)
		ERSTOWN		11 YEARS	HA	GERSTOW	N	211	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol, g		d. STREET ADDRESS				IS RESIDENCE ON A FARM?
	WA	SHINGTON CO	DUNTY H	OSPITAL	331	BELVIEW	AVENUE	YES	
	NAME OF DECEASED		rst	Middle	Lost	4. DATE OF	Manth	Doy	Year
	(Type ar print)	RO:		PAUL	HUBER	DEATH	MAY	8,	19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		GE (In years IF U		Hours Min.
	MALE	WHITE	WIDOWED	DIVORCED [MAY 27, 189	0	76 yrs.	1113 0043	Mill.
10o	. USUAL OCCUPATION	(Give kind of wark dane	10b. KII	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& Stote, ar foreign	cauntry)	12. CITIZEN OF W COUNTRY?	/HAT
F	ETTRED"S	CHOOL TEACH	IER PU	BLIC SCHOOLS	FOUNTAIN C	ITY, WIS	SCONSIN	U.S.	A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	The state of the s		
	GEO	RGE HUBER			EMMA	GE BHAR	r	27E)_	
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of annina)		7. INFORMANT		331 BERVIE	EW AVEN	JE,
110	NO	(If yes give wor or dates	21	9-36-4728 M	RS. LINDA B.	HUBER, I	HAGERSTOWN	N. MARYI	LAND.
	18. CAUSE OF DE	ATH (Enter anly ane co	use per line for	(a), (b), ond (c).)		1			VAL BETWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) C 5	erebral t	hrombos	115		J J	AND DEATH
	2000	DUE							
	Canditions, if ony, rise to immediat		(b) A i	ter 10 scl	- 1120 79	301	•	Y	rs.
	stoting the under		120	1	~ 01			10	
	last.)	(c) 3 6	ILLIOUSHY	EMPLY	Jen-G	_	10	172
z	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN II	PART 1(a)		AS AUTOPSY REORMED?
AII	1000	Chel	1 C Y 5+	Itis -				YES	□ NO E
RTIFIC	20a. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Part II	af item 18.)		
I CE		MEDICAL EXAMINER)							
DICA CA	20c. TIME OF INJU	JRY Month, Day, Year		JURY OCCURRED 20e.	PLACE OF INJURY (Home, forr foctory, street, office bldg., etc.		ity ar tawn)	(Caunty)	(Stote)
W	p.r	10	While of work		Toctory, sireer, office blug., etc.				
	21. I certi	fy that (I) (thiss/hos	pxtqt) (attend	led the deceased from	NOV 13	19 <u>5</u> 7, to_	May 8 ,	1967, that	(1) (pyg) lo
		eceased alive an_	May	19_ <i>6_1</i> , and	that death accurred at	3. A - M, f			
	220. SIGNATURE		. 1 11		ATTENDING	MED.	STAFF - 22	2b. DATE SIGNED	
	Van	Ma- 4	foff,	12.6-	M.D. PHYS.	DIRECTOR L	PHYS.	MAY 9	1967
	22c. PHYSICIAN'S NAME (Type)	DR. LLOYD	A. HOF	FMAN, M.D.	22d. ADDRESS	OTOMAC S	ST. HAGERS	א ותוסים:	(II)
00									
230	BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEMETERY			ION (City ar Tawn)	(Caunty)	(Stote)
0.4	BURIAL I. FUNERAL DIRECTO	5/10	767	ADDRESS	N CEMETERY	HAGE	RSTOWN WA	ASH CO. AR'S SIGNATURE	MD.
14					RA A	P BY REGISTRAR		erles Ju	date
	CHARLE	S M. ROUZER	HAG!	ERSTOWN MAR	YT.AND. DATE	1 4 6	1	The same	1

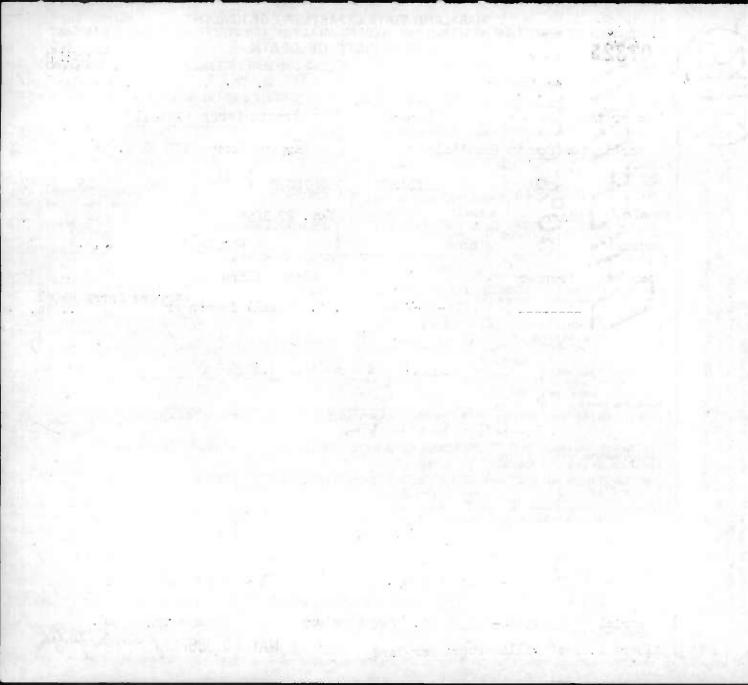
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ハッククに CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC		b COUNTY		/
Washington	MARYLAND	W .	Va.	100	Berkel	
write RURAL and give nearest town)	NGTH OF STAY IN 1b	c. CITY OR TOWN (If			JRAL and giv	e nearest town
Hagerstown	week	(Rura] Harpers	Ferry F	RFD #1	S	5.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS			0	ON A FARM?
Washington County Hospital		Harpers	Ferry RF	D #1 W.	. Va.	res 🗌 No 🛭
3. NAME DF First DECEASED (Type or print) ETT.A MA	Middle ARGARET	Last ISEMINGER	4. DATE OF DEATH	Month Mav	Day 15	Year 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 8	. OATE OF BIRTH		n years IF UN	DER 1 YEAR	IF UNDER 24 HR
Female White WIDOWED	OIVORCED	Nov. 27 18	174	Irthday) Mont	hs Oays	Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF		11. BIRTHPLACE (Co		3	2. CITIZEN	
during most of working life, even if retired) INDUSTR' Housewife Home	Y		Maryland		COUNTRY	Å
13. FATHER'S NAME		14. MOTHER'S MAIO		11		
Charles Drenner		Clara K	line			
	SECURITY NO. 17.	INFORMANT		Address		
(Yes, no, or unknown) (If yes nive war or dates of service)		. H. Russel	Ha l Iseminge	mers F		RFD#1 Va.
18. CAUSE DF DEATH [Enter only one cause per line for	a), (b), and (c).]	0				RVAL BETWEEN ET AND DEATH
PART I. DEATH WAS CAUSED BY:	one The	0 - 60sis			Ulig	lang
3 32X OUE TO						
Conditions, If any, which \ (b) Seuce	colin 5 0	enteriofel	ero-1	- 340	Y	un
gave rise to Immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL O	ISEASE CONDITION	GIVEN IN PART		WAS AUTOPSY PERFORMED? S NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIE	RE HOW INTERV OCCU	RREO. (Enter nature of	Injury In Part I or	Part II of Iten		S - NO -
	A HOW INJOKT GOOD	KKEO. (Eliter liature of	injury in runc ros	Tare it of item	10./	N (4)
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY (CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (City or	town)	(County)	(State)
	t While	y, street, onicobing., e				
21. I certify that (I) (this hospital) attended the		6-7- 1	945 to 5.	15 .1	9.67. th	at (I) (we) las
		death occurred at	M, from the	causes and	on the date	e stated above
22a. SIGNATURE				220	DATE SIG	INED
Tylerow.	M.0	. PHYS.	MED. STA	rs.	2.16	. 6 /
22c. PHYSICIAN'S NAME (Type) JUST PH STCOI	MARI	22d. ADDRESS	oons n.	Ro H	d	
	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town o	r county)	(State)
Burial May 18-67 M	t. View Cem	eterv	Sharpsh	ourg	Md.	
24. FUNERAL DIRECTOR	AOORESS	25a. REC	'D BY REGISTRAR	25b, REGIST	RAR'S SIGN	ATURE
Albert L. Leaf Williamsport M	7 .	DAMAY	1 9 1967	your	TUN X	

VR A15 20M 1, 15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07296

00020)	CERTII	FICATE OF	r DEAIN				7304	
PLACE OF DEATH a. COUNTY			RYLAND	ISUAL RESIDENCE (V	Vhere deceosed 3.	lived, if institu b. COU	NTV	ce before odmiss anklin	ion)
	(If outside carparate limi	IN 1b c. C	c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn)						
write RURAL and give nearest town) Hagerstown 10 Days				Waynesboro 75.3					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d STREET ADDRESS e. IS RESIDENCE					
		ounty Hospital			312 W.	Third S	St.	YES	
3. NAME OF	F	irst Middle		Last	4. DATE	Man	th	Doy Ye	ear
(Type or print)	N:	aomi C.	K	auffman	OF DEATH	Ma	av	76 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE		TE OF BIRTH	9 4	GF (In years	IF UNDER 1	YEAR IF UNDE	
Female	White	WIDOWED DIVORCE		5/1901		last birthday) 66 yrs.	Manths	Days Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark dane	10b. KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (County	& State, ar fareiç	gn country)	COL	IZEN OF WHAT UNTRY?	
during most of working House W:	ifé			Emmitsbur			U	S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Albert 1	Bowling			Gertrude	e Gould	en			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES? (If yes give wor or dates	P. 16. SOCIAL SECURITY NO.	17. INFOR	MANT		Addr	ess		
No No	(If yes give wor or dates	173-03-09131	P Man	Chester I	Konf	fman Sa	Telo	zmacham	o Po
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Ty, which gave	use per line far (a), (b), ond (c).) E (a) Advisorous on E TO (b)	ne of	Colon &	nn t fast	roes		INTERVAL BE ONSET AND	
stating the und	lerlying couse	E TO (c)							
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE						19. WAS AUT PERFORM	NO D
S 200 ACCIDENT W	AS UNDERLYING	1 205. DESCRIBE HOW INJURY O	OCCUPPED (Enter	notire of injury in	Part Lor Part II	of itom 19 \		1 16 🗀	110
OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)	203. DESCRIBE HOW HOOK!	ACCORNED. (Ellie)	notifie of injury in t	rull i oi rull li	or frem 10.)			
Hour o	o.m. 19	UI WOIK LESS UI WUIK	factary, str	INJURY (Home, form reet, office bldg., etc.)		City ar town)	100		(State)
21. I cer sow the	tify that (1) (this ho deceased alive on_	spitol) ottended the deceased	I from ond thot dec	9-8, 1 oth occurred of	9 <u>64</u> , to_ <u>630A</u> M,	from couses	16, 19 <u>6</u> ond on th	ℤ , thot (I) in a date stote	(we) lost dobove.
22o. SIGNATUR	E Some It	Hom Cale	M.D. P		MED. DIRECTOR	STAFF D		ATE SIGNED	7
22c. PHYSICIAN NAME (Typ	is JOHN &	1. STURNBAKER		22d. ADDRESS	ASHING	TON J	F. Stag	ECSTON	NMD
230. BURIAL, CREMAT	TION, 23b. DATE TH	HEREOF 23c. NAME OF CEN	METERY OR CREMA	TORY	23d. LOCA	TION (City or To	ıwn)	(County) (State)
REMOVAL (Speci		3/67 Green	a Hill		Wayn	esboro,	Fran	klin Co.	Pa.
24. FUNERAL DIRECT	TOR /	ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. R	EGISTRAR'S SI	GNATURE	
Walter	Horas	Waynesbo	oro Pa.	DATEMA	Y19	1967	Mary	les Judy	- Co

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07327

CERTIFICATE OF DEATH

					CERTIT	ICAIL	OI DEATH				0604	3
		LACE OF DEATH	Washington		****	/I AND	2. USUAL RESIDENCE (V	Vhere deceosed liv	red, if institution b. COUN		efore odmissioning to	
	b	. CITY OR TOWN (I	f outside carparate limits,		c. LENGTH OF STAY II	YLAND IN 16	c. CITY OR TOWN (If au		nits, write RUR			
		Rural H	give neorest town) agerstown		ll yrs		Rur	al Hag	gerstow	m z	7.1	
	C		L OR INSTITUTION (If not	in hospitol,	give street oddress)		d. STREET ADDRESS				e. IS RESII ON A F	
0			own R. D. 5						 		YES 🔀	
	1	IAME OF DECEASED Type or print)	First Wil		Kelso	Kauf		4. DATE OF DEATH	Month	30		67
	S. S	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ept. 15, 18	1 1	(In yeors t birthday) yrs.	Months Do		R 24 HR Min
	10o.	USUAL OCCUPATION	(Give kind of work done ite, even if retired) Contractor	10b K	IND OF BUSINESS OR JOUSTRY Self-emplo		11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZEN COUNTE	OF WHAT	
		FATHER'S NAME	Contractor		serr-embro	oyea	14. MOTHER'S MAIDEN N	d Co., (пто	0	. D . A .	
	10.	John L.	Kauffman				Ida M. B					
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.		NFORMANT		Addre	ss		
	(Ye	no, or unknown)	(If yes give wor or dates of	Service)	71-28-6401	A Mr	s. Wilbur K	. Kauff	ian Ha	agersto	m #5,	Mo
		Conditions, if ony, rise to immediate stating the under lost.	e couse (o), DUE To	o) o	YO DENTH OUT NOT OU		reinoma (19. WAS AUT	OPCV
2	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS COL	NIKIBUTING	TO DEATH BUT NOT KEE	AIED IO I	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PAKI I(0)		PERFOR M	NO !
	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DI	ESCRIBE HOW INJURY OF	CCURRED.	Enter noture of injury in	Part I or Part II a	fitem 18.)	•		
	MEDICAL	20c. TIME OF INJL Hour o.n	10	20d. I While of wor			E OF INJURY (Home, form ory, street, office bldg., etc.)		y or town)	(County)		(Stote)
			y that (1) (this hasp ceased alive on		ded the deceased 29 1967,	fram and that	death accurred at	967, to 26 M, fre	May 30 am couses	2 , 19 <u>67</u> , and an the c	that (I) (date stated	we) d abo
		220. SIGNATURE	26 Low	eer		M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATES	IGNED 3/	67
,		22c. PHYSICIAN'S NAME (Type)			Spencer		145 S. P	rospect	St. Ha	gersto	m Mi	
	230	BURIAL, CREMATIC REMOVAL (Specify Burial	N 23h DATE THER	EOF	23c. NAME OF CEMI			23d. LOCATIO	ON (City or Tov	wn) (Cou	onty) (S	Stote)
	24	FUNERAL DIRECTO	0/1/	TAO (Green H	7101				Frank GISTRAR'S SIGNA		a.
		Mall	11.49 41	23.	Waynesbor	ro. F	enna. DATE J	UN 12	1967	ychane	es yes	42

VR A15 (4) 25M 1/67

within 24 hours after

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07200

CEDTICICATE OF DEATH

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	0000	0		CEKTIFICA	AIE '	OF DEAL	ın				US	DUL	,
Ī	o. COUNTY	Washingt	on	MADVIAN	l li	a. STATE	ENCE (W		sed lived, if insti b. CC	VIIAITV	nce befor		ian)
-	h CITY OR TOWN (I	f autside carparate limits	1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARYLAN c. LENGTH OF STAY IN 18	- 1	CITY OF TOWN		•	ite limits, write l				
	write RURAL and	give negrest tawn) town	Life of	10 years		Hage			ne minis, wine i	KUKAL UNU GI	9.W 3	, tuvil)	
		AL OR INSTITUTION (If no	t in barnital a			. STREET ADDRI		OWII			211	e. IS RESI	IDENCE
								7 D				ON A	FARM?
-		gton Cour					ery					YES	NO L
	. NAME OF DECEASED (Type or print)	Alma		Middle Lee	Ket	tterma	n	4. DATE OF DEATH	M	May	27,	Y∈ 19	67
1	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH			. AGE (In years last birthday)		Days	IF UNDE Haurs	R 24 HRS Min,
	female	white	WIDOWED	DIVORCED [$\exists \mid \mathbb{F}_{0}$	eb. 9,	19	14	53 yrs		Duys	tidois	Willi,
1 d	Oa. USUAL OCCUPATION uring most af warking l	(Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY STIC SCHOO		11. BIRTHPLACE (reign cauntry)		ITIZEN OI OUNTRY?		
T	3. FATHER'S NAME		1-		1	4. MOTHER'S M	AIDEN NA	AME					
		Harry Ki:	ser					S	hirley	Trun	bo		
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INF	ORMANT			Ad	ldress			
	Yes, na, ar unknawn)	(If yes give war ar dates a	service) 5	31-26-8356	Jos	siah K	ett	erma	n. Hag	ersto	wn.	Md	
-		ATH (Enter anly ane cau							, 0			ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	0	(a), (b), and (c).)	1 6)						SET AND	
	1750	DUE		an cen		o any					1	7	-
	Canditians, if any,	which gave >					,						
ı	rise ta immediate	e cause (a), ((b)								+		
	stating the under	lying cause											
			(c)	O DEATH BUT NOT BELLETE	D TO THE	TERMINIAL DISC	ACT COND	NITION CIVI	AL INI DADT 1/-)		110	WAS AUT	TODEV
CEDTIESCATION	PAKT II. UTHEK SIL	SNIFICANT CONDITIONS CO	NIKIBUTING I	O DEATH BUT NOT RELATED	ט וט וחנ	TERMINAL DISE	ASE CONL	JIIIUN GIVI	IN IN PAKT I(d)			PERFORM ES	MED?
JE312	20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCUP	RRED. (En	er nature af in	jury in Po	art 1 ar Par	† 11 of item 18.)				
		CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJU	RY Manth, Day, Year	20d. IN			OF INJURY (Han		20f.	(City ar tawn)	(0	aunty)		(State)
MED	Haur a.m	10	While at wark	Nat While at wark	factary	street, affice blo	dg., etc.)						
		1.		led the deceased fra	m 3	-6-64	19) †	0 5-2	7 19	671	nat (1) ((we) In
		ceased alive an		19 .6.) , and	that d	eath accurr	ed at_		1, fram cause				
1	22a. SIGNATURE	000	0	2		47754151110		AFD	CTAFF	22b. I	DATE SIGN	ED ,	
١		ynnu	my m	160	M.D.	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.	0 5	12-	67	7
ı	22c. PHYSICIAN'S	10	10			22d. ADDRES	SS		11				
	NAME (Type)	3.10	Un	YER		119/1	ng	24	Maji	ENST	Dev	nM	1
2	3a. BURIAL, CREMATIO			23c. NAME OF CEMETER	y or cre	MATORY	U		CATION (CHy or	,	(Caunty	,	(State)
	REMOVAL (Specify)	5-29-	.67	Brandywin	ne (Cemete	ry	Bra	ndywin	e, W.	Va		
	24. FUNERAL DIRECTOR			ADDRESS				BY REGISTI		REGISTRAR'S	SIGNATO	RE	e.
	minnich	Funeral H	lome,	Hagerstow	n, l	Id . DA	TAMT	31	1967	fuer	رمم	0	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter Poge 4 moy be retained by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division_of STATISTICAL_RESEARCH_AND_RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #16 Film #G388 CERTIFICATE 07329 OF executed within 24 haurs after death by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. State Maryland o. COUNTY b. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND affe c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) petek filled in by the orban papers. Page ent within 72 hours a Clear Spring. Md. 30 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Rural Spring Md YES # NO Clear Washington Co. Hespital 4 DATE 3. NAME OF Month Middle Lost Doy Year DECEASED 19 67 (Type or print) Kline DEATH May Franklin event AGE IF UNDER 1 YEAR IF LINDER 24 HRS SEX COLOR OR RACE (In years B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) remave Months Hours Doys WIDOWED DIVORCED In any Male White 26,1912 June and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) GOUNGRY?A lease Farming physician Pa. and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a ar remaya Then Mellissa Naille William E. Kline affending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Catherine Kline, Clear Spring, Md signed by the after burial-transit perm burial, crematian, a No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). mon DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART use CERTIFICATION NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) While Not While ATTENDING ot work pe 21. I certify that (1) (this haspital) attended the deceased fram 1000 196 196 shauld directar, page 3 shauld shauld be filed with the M, from causes and on the date stated abave. saw the deceased alive an and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Md -Rest Haven Hagerstown, Buria 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Clear Spring, Md.

20 M L

300.0 1877 Exercitates, f. _____ to pre-Latingpon Ec. Hoshing Later Runal willow Shikur, and r ritter ver te Manne 16, 1015 can right. The state of the service of the state Flam potential and In

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1967

	PLACE OF DEATH				2 USUAL RESIDENCE	(Where deceased lived if institu	rtion: Residence before admission)
	Washingt			MARYLAND	o. SJATE Marylane	b. (Q)	ashington
	o. CITY OR TOWN (1 write RURAL and Rural Bo	f outside corporate limit I give nearest tawn)	s,	c. LENGTH OF STAY IN 16	c. City or town (If	outside corporate limits, write RU	JRAL and give nearest town)
		AL OR INSTITUTION (If no	ot in hospital,		d. STREET ADDRESS		e. IS RESIDEN
	Fahrney-	Keedy Memo	rial H	lome	N. Main	St.	ON A FAR/ YES NO
	NAME OF DECEASED Type or print)	Anna.	rst B u	Middle Igenia	lost Lakin	4. DATE Mor OF DEATH MR. Y	31. 19 6
S. 5	Fema le	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH Sept. 28,18	9. AGE (In years lost birthdoy) 92 yrs.	Months Doys Hours
10o.		(Give kind of work done	10b. K	IND OF BUSINESS OR IDUSTRY M Home		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME				14. MOTHER'S MAIDE		
	A. Willi	am Lakin			Josephin	ne Troup	
(Ye		R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)		Robert E. L	Add akin, Boonsbor	
	Conditions, if ony, rise to immediat stating the under last.	e cause (a), rlying cause	TO (b)TO (c)		0		
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPS PERFORMED YES NO
L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. Di	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II of item 18.)	15
MEDICAL	Hour 'o.r p.r	n. 19	While of wor	Not While of work	PLACE OF INJURY (Home, for foctory, street, office bldg., e	tc.)	(County) (Sto
	saw the de	fy that (1) (this has eceased alive an_	pital) atten	ded the deceased fram. 19 <u>67</u> , and t	7-23-, hat death occurred o	19 <u>59</u> , ta <u>5-3)</u> at <u>4³°P</u> M, from causes	, 19 <u>67,</u> that (I) (we and on the date stated o
	22o. SIGNATURE	111	wa	~	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	JOSEP#	SE	CONDARI	22d. ADDRESS	300NSBORO	Hd
230	BURIAL, CREMATIC REMOVAL (Specify BURIAL			23c. NAME OF CEMETERY		23d. LOCATION (City or T	, , , , , , , , , , , , , , , , , , , ,
24	ELIMEDAL DIRECTO		- 0/	Boonsboro	Cemetery	Boonsboro	Md .

Bast, Jr. 112 N. Main St. Boonsboro, Md.

19 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

John H.

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07331	Z Z	TTIAL		TE OF DEATH	MORE, MARC	LAND 21201	0730	8
a. (OUNTY	W	ashing	ton MARYLAND	2. USUAL RESIDENCE o. STATE Pa		d lived, if instituti b. COUN	ITV	before odmission) nklin
write RURAL on	(If autside carparate limits, and give nearest town) gerstown		c LENGTH OF STAY IN 16 1 Year		autside carparate ynesbor		RAL and give no	5 3
	TAL OR INSTITUTION (If not con Conv. H		give street address)	d. STREET ADDRESS	9 W. Ma	in St.		e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	Firs An	nie	Middle E .	Leedy	4. DATE OF DEATH	Mont Ma		Day Year 25 19 67
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12/16/188		AGE (In years lost pirthday) yrs.	Months Do	AR IF UNDER 24 HRS. ays Hours Min.
00. USUAL OCCUPATIO during most of working House I 13. FATHER'S NAME Samuel	Outies		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Cour Manheim, 14. MOTHER'S MAIDE Emma Ba	Waynesb N NAME		12. CITIZE COUNT U	
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dates of	service)	SOCIAL SECURITY NO. 1	7. INFORMANT		Addre 509 W Waynest	Main	St.
Conditions, if on rise to immedia stating the underlast.	erlying cause DUE 1	0	prosuce	renia				ONSET AND DEATH
PART II. OTHER S	_		TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (CONDITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I ar Part	II of item IB.)		
Hour o.	JURY Month, Day, Year .m. 19	20d. I While	Not While	PLACE OF INJURY (Home, for factory, street, office bldg., e		(City or town)	(County	y) (State)
	leceased alive on	itol) atten 5/17	ded the deceosed from	June that death occurred M.D. PHYS.	, 19 <u>66</u> , to atM, MED. DIRECTOR [SIGNED
22c. PHYSICIAN'S NAME (Type	Howard	N. We	eeks, M.D.	22d. ADDRESS		rthern town,	1	
230. BURIAL, CREMATI REMOVAL (Specif Buria	1) 5/27	/67	23c. NAME OF CEMETERY Green H	477	23d. 100	ATION (City or To	wn) (Co	ounty) (Stote)
24. FUNERAL DIRECTO	OR Stran	-	Waynesboro		AT PUBLY REGISTIRA	R 196725b. RE	SISTRAR'S SIGN	ATUR Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 77 bours after death.

3

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	BALTIMORE 1 MARYLAND
PLACE OF DEATH	H o House or an annual control of the control of th	

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
WASHINGTON MARYLAND	a. STATE b. COUNTY COCAN
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TAGERSTOWN 40445	BERKELEY SPRINGS 853
d. NAME OF HOSPITAL OR INSTITUTION (if pot in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
NASHINGTON CO. HOSPITAL	R.F.D. #2 ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) RACY HERMAN LIA	172 DEATH MAY 19, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	B. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	9-6-90 Joyrs. Months Oays Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMER	MORGAN CO. WIVA. USA
13. FATHER'S MAME	14. MOTHER'S MAIOEN NAME
FETER LINTZ	CATHENNE DUCKWALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No 235-16-3990 14	es. T. H. LINTZ-BERKELEY PRINTS, WVs
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSEO BY:	tallure
452 X OUE TO D. 4	- A De Alas
Cenditions, If any, which (b) Rupling	Mac ally avery take
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c) The Well	ulage
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINA VI SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
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- facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While at work	
21. I certify that (I) (this hospital) attended the deceased from	/13/67, 19 to 5/19/67, 19 that (I) (we) last
saw the deceased alive on 5/19/0 19 , and that	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENOING MED. STAFF
22c. PHYSIC AN'S M.D	PHYS. DIRECTOR PHYS. 1 22d. ADDRESS
NAME (Type) Thomas V. Craig, M. D.	Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 1 23c. NAME OF CEMETERY	
BREMOVAL (Specify) 5-22-67 DUCKWA	LL BERKELES PRINCE INVA
24, FUNERAL OIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
INM. H. HUNTER BERKELEY PRINCE	WIVE DAMAY 2 F 1987 Ochemilas Quesas.
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the ward "pending" in pencil in Item 18. Give Pages 1, to the Chief Medicol Examiner's Office along-with form

writing the ward certificate should

This certificote,

MEDICAL EXAMINER:

TO DEPUTY

please execute funeral director. Page

4 shauld be forwarded

pencil in Item 18. Give Pages 1,

24 hours ofter deoth.

executed within

any delay

MARYLAND STATE DEPARTMENT OF HEALTH

c. LENGTH OF STAY IN 16

Middle

Owen

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.

INDUSTRY

Scarpelli, Cumberland, Md.

NEVER MARRIED

DIVORCED

none

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07333 FOR STATE HEALTH PLACE OF DEATH o. COUNTY

NAME OF

DECEASED

Male

S. SEX

(Type or print)

13. FATHER'S NAME

Washington

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Washington County Hospital

Patrick

7. MARRIED

WIDOWED

Richard Lee Lloyd

6. COLOR OR RACE

White

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Route 60

10o. USUAL OCCUPATION (Give kind of work done

WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service

during most of working life, even if retired)

MEDICAL EXAMINER'

S CERTIFICATE O	F DEATH			073		
2. USUAL RESIDENCE (V o. STATE Mar	vland	b. COUN	Wa Wa	shin	etor	1
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d. STREET ADDRESS Ro	ute 5			YI	ON A FA	
Lloyd	4. DATE OF DEATH	Month	h	2 4	Yea 196	7
8. DATE OF BIRTH April 8,1		GE (In yeors ost birthdoy) yrs.	Months /	Doys	Hours	24 HRS.v Min.
	erstown	**		IZEN OF UNTRY?	WHAT USA	
	ne E. V					
INFORMANT Mr. Frank Wi	nterst:	Addre		umbe	rla	nd
from fractu	red sk	ull		ONSE	RVAL BETV T AND DI TUDO	EATH
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no none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Brain damage IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION NO XX 20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Auto-auto collison on Rt. 60, Wash. Co., Md. CAUSE OF DEATH. (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (octory, street, office bldg., etc.) 12:15 p.m. Not While 1967 of work Highway Hagerstown Wash 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, and in my apinion death resulted fram: Natural causes Accident X Suicide [Hamicide Undetermined manner 5/25/67 22. DATE SIGNED CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER XX 580 Northern Ave. Address (Street, city, town, or county) Hagerstown, Md. Howard N. Weeks, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF Cumberland Md. Allegany
REGISTRAR 25b. REGISTRAR'S SIGNATURE St. Mary's Cemetery ADDRESS 2So. REC'D BY REGISTRAR MAY 3

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James F. 7-227389

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FUNERAL DIRECTOR: Page

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Health

CHARLES M. ROUZER.

07334

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, LIFE HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 624 WEST FRANKLIN STREET, YES NO X NAME OF Middle 4. DATE First Year OF DEATH DECEASED MARTIN MAY 67 ERNEST FRANKLIN 19 (Type or print) IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Doys Months Hours WHITE SEPT. 2, 1914 MALE WIDOWED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT WASHINGTON CO. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY E. MARTIN CARRIE FOUKE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 624ddws FRANKLIN ST. 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTOWN, MARYLAND. 214-09-6495 MRS. REBA C. MARTIN. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO noscleson, generalizal out Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS! PERFORMED? 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 4 Inspection ond in my opinion Natural causes 4 Accident Suicide Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** DR. EDWARD W. DITTO. III M.D. Address (Street, city, town, or county) Hagerstown. Md NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) 5/18/67 ROSE HILL CEMETERY. HAGERSTOWN, WASH. CO. MD. 24. FUNERAL DIRECTOR

HAGERSTOWN, MARYLAND.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07319

1. 1				E OF DEATH			OFU	
	PLACE OF DEATH o. COUNTY	WASHINGT	ON MARYLAND	2. USUAL RESIDENCE (o. STATE	Where deceased live	d, if institution: Ro b. COUNTY		odmission) INGTON
	b. CITY OR TOWN (I	f outside corporate limit		c. CITY OR TOWN (If o		ts, write RURAL on		
	write RURAL and	DERSTOWN	LIFE		GERSTOWN		11.1	
-	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospital, give street oddress)	d. STREET ADDRESS	SECOLOWIN		0	IS RESIDENCE
	957	VIEW STRE	ET.	95'	7 VIEW ST	REET.	y	ON A FARM?
	NAME OF	Fi	rst Middle	Lost	4. DATE	Month	Dov	Year
	DECEASED (Type or print)	LEWIS	AUGUSTIN	MARTIN	OF DEATH	MAY	4.	19 67
5. 5	SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IFU	NDER 1 YEAR	IF UNDER 24 HRS.
	MALE	WHITE	WIDOWED DIVORCED	OCT. 29, 18	395 lost 7	birthdoy) Mon	iths Days	Hours . Min.
0o. Iuri	USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY PEOPLES DRUG STOR	11. BIRTHPLACE (County			12. CITIZEN OF COUNTRY?	WHAT
	FATHER'S NAME		Table Died Died	14. MOTHER'S MAIDEN		INT THIND	0.5	· A ·
	JO	HN D. MART	TN		ETTA HAN	M		
15.	WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT	CINT IN ITHIN	Address		
(Ye	S no or unknown)	(If yes give wor or dotes o	1 214-09-0207 A M	RS. MYRA C.	MARTIN	HAGERST	WSTRE	ARYLAND
	4201	DUE		schroter H.	Joly on		-	lans
	Conditions, if ony, rise to immediate stating the under last.	which gove e cause (a), lying couse	TO (b) (c)					5
ATION	Conditions, if ony, rise to immediate stating the under last.	which gove e cause (a), lying couse	TO (b)				19.	WAS AUTOPSY PERFORMED?
	Conditions, if ony, rise to immediate stating the under last.	which gove e cause (a), lying couse DUE ENIFICANT CONDITIONS COUNTY COU	TO (b) (c)	THE TERMINAL DISEASE CO	NDITION GIVEN IN P	ART 1(o)		WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	Conditions, if ony, rise to immediate stating the under last. PART II. OTHER SIGNATURE OF CONTRIBUTING (IF EITHER, NOTIFY) Loc. TIME OF INJUINED TO THE OF INJUINED TO THE OF INJUINED TO THE OF INJUINED TO THE OFFICE OFF	which gove e cause (o), lying couse DUE SNIFICANT CONDITIONS COUNTY CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeor 1. 19	TO (b) TO (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While of work of work	THE TERMINAL DISEASE CO . (Enter noture of injury in ACE OF INJURY (Home, forrctory, street, office bldg., etc.	NOITION GIVEN IN P Port I or Port II of n, 20f. (City	ART 1(a) item 1B.) or town)	(County)	WAS AUTOPSY PERFORMED? S NO ((Stote)
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HAGERSTOWN MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carried papers. Pages 1 and

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ALLEY C. MALL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbyn papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 07336

D. CITY ON (If outside corporate limits, write RURAL and give nearest town) wire RURAL and give nearest town) C. LINGTH OF STAY IN 16	1. PLACE OF DEATH a. COUNTY					E (Where deceased lived, If		nce before admission)
b. CITY OR TOWN (If outsides corporate limits, write RURAL and give nearest town) WITE RURAL and give nearest town) WITE RURAL and give nearest town) A CAMMED FOR ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) DISTITUTION (if not in hospital, give street address) A. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) DISTITUTION (if not in hospital, give not	Wa	shington		MARYI AND	a. STATE			noton
A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. STREET ADDRESS A. ST	write RURAL :	nd give nearest tow	te limits, n)	c. LENGTH OF STAY IN 1			write RURAL and	
Martin Manor Nursing Home RFD			N (if not in h	ospital, give street address	d. STREET ADDRESS	gerstown RFD	#4 2/1	
December of print) December Coulder of Race 7. Married Never Married S. Date 1 of Birth Never Sale birthday) National Country Sale National Country Sal								
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (1982) IJUNDER 1 YEAR FUNDER 2 HRS. Malled DIVORCED DIVORCE	DECEASED		rst			OF		
Male White Widowed Divorced June 4 1888 78 yrs. Morth 2878 Mours Min.		6. COLOR OR RACE	7 MARRIED			19. AGE (In yea	rs LIF UNDER 1 YEA	
State ine Pa. U.S.A	Male	White	WIDOWED			3 78 yrs.	111 25	
David H Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ma, or unknown) [17. INFORMANT Hagerstown Md No 217 10 2691 Mrs. Halen Shank Martin RFD #4 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (a) U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (a) U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (b) U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (b) U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (c) U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (c) U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (c) U.S. U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (c) U.S. U.S. U.S. U.S. U.S. U.S. U.S. IMMEDIATE CAUSE (c) U.S. IMMEDIATE CAUSE (c) U.S. U.S	during most of workir Ret, d Farme	ON (Give kind of working life, even if retire)	done 10b. K	NDUSTRY			COUNT	RY?
16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).1 18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).1 18. CAUSE DE DEATH 18. DUE TO 18. D	13. FATHER'S NAME				14. MOTHER'S MAIL	EN NAME		
16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).1 18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).1 18. CAUSE DE DEATH 18. DUE TO 18. D	David H	Martin			Manar	Echolman		
No No 217 10 2691 Mrs. Helen Shank Martin RFD #4	15. WAS DECEASED ET	ER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17		Add	lress .	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED) YES NOT PREFORMED YES NOT PERFORMED YES	No	No	23	17 10 2691 M	s. Helen Sha	nk Martin)
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gave rise to Immediate cause (a), stating the underlying cause last. (c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) 19. WAS AUTOPSY PERFORMED YES NOT NOT CONTRIBUTING TO CAUSE OF DEATH (if Either, Notify Medical Examiner) 2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF DEATH (if Either, Notify Medical Examiner) 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			TO L	Variable &	- 160	11 D. 100	. 01 2	zmn
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21. I certify that (I) (this hospital attended the deceased from 19 to 1	ZDc. TIME OF IN		Year 2Dd. I		ACE OF INJURY (Home, fa	rm, 2Df. (City or town)	(County)	(State)
21. I certify that (I) (this hospital attended the deceased from 19 to 1	Hour a.m.		While at wor	- NOT WILL -	/ /-	10 -/2	- 10	
saw the deceased alive on 1904, and that death occurred at 44 M, from the causes and on the date stated above. 22a STRATURE		that (I) (this hose			0/30 1	o to 1/20	. 19	that (I) (we) last
22a. StMATURE M.D. ATTENDING MED. DIRECTOR PHYS. 5/31/67			130	19 67, and th	at death occurred at	44 M, from the cause	es and on the da	ate stated above.
M.D. PHYS. LX DIRECTOR PHYS. 5/31/67 22c. Physician's NAME (Type) Donald E. Martin, M.D. 22d. Address 22d. Address 418 N. Potomac St., Hagerstown, Md.			1	11				
NAME (Type) Donald E. Martin, M.D. 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR ADDRESS 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md. 23d. Location (city, town or county) 418 N. Potomac St., Hagerstown, Md.	100	lew	W	Mar N	.D. PHYS.		5/31/	67
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REMOVAL (Specify) Burial June 2-67 Mt. Tabor Lutheran Cemetery Fairview Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Donald E	. Mart:	in, M.D.	418 N. P	otomac St., I	lagerstow	n, Md.
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE I					, town or county)	(State)
			2-67					
								SNATURE
Albert L. Leaf Williamsport Maryland DATEUN 2 1967 Charles Judge	Albert L.	Leaf Will	iamspor	rt Maryland	DATEUN	2 1967	Charley)	udge.

at the office na ser villegia e e un appropriata por la la la finalización de la companya de la companya de la companya de l Authorit tropperetti E Irol . I butte

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the graph of the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07337 07211 CERTIFICATE OF DEATH

UEUL	J •	OEITHI IOMI	- OI DE/(II	•		U.4.11.1.2
1. PLACE OF DEATH	ashington	MARYLAND		CE (Where deceased I ryland	F COUNTY	Residence before admission)
b. CITY OR TOW write RURAL	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	11			RAL end give nearest town)
	and give nearest town)	10 days		lliamsport	RFD #1	21-1
	SPITAL OR INSTITUTION (if not in		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Washingtor	County Hospital		Falling W	Vaters Roa	d	YES NO 2
3. NAME OF DECEASED (Type or print)	First VIRGINIA	Middle NANCY	Last MAUCK	4. DATE OF DEATH	Month May	Day Year 25 19 67
5. SEX Female	6. COLOR OR RACE 7. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec. 28, 1	last	(In years IFUNE birthday) Menth yrs.	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min.
10a. USUAL OCCUPAT during most of work Housey	TION (Give kind of work done lob. ing life, even if retired) vife	KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (C	county & State, or fore	ign country) 12	COUNTRY? U.S.A
13. FATHER'S NAM	E		14. MOTHER'S MAII	DEN NAME		
	Ruffner		Rebeco	ca Swei		
	EVER IN U.S. ARMED FORCES? 10 (If yes give war or dates of service)	5. SOCIAL SECURITYNO. 17.	r Russell	R. Mauck	Addressia Maryla	msport nd RFD #1
Conditions, if gave rise to cause (a), stunderlying cause	any, which Immediate tating the least.		nemour			
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	SIGNIFICANT CONDITIONS CONTRIBUTED TO SERVICE OF LANG. WAS UNDERLYING CONTRIBUTED TO SERVICE OF DEATH TIFY MEDICAL EXAMINER) 20b. Machine Contributed Tify Medical Examiner)	DESCRIBE HOW INJURY OCC	30			YES NO
20c. TIME OF Hour a.r p.i	n. Whil	e Not While fact	ACE OF INJURY (Home, f ory, street, office bldg., o	etc.)	r town) (County) (State)
	y that (1) (thus xbos by a) atten ceased alive on 23 9	ded the deceased from J 24 1967, and tha	une 2 , 1 at death occurred at	19 59, to May 2:01M, from th	e causes and o	on the date stated above.
22a. SIGNATU	Mank	M.		DIRECTOR P	AFF Ma	DATE SIGNED by 26, 1967
22c. PHYSICU NAME (T)	M. E. Byrkit,			Williamspo		land
Burial, CREM Burial (Spe	May 28 1967		Cemetery	William	N (City, town or sport M	aryland
24. FUNERAL DIRE	ctor L Leaf Williams	ADDRESS Sport Md.	DATE	A 3 1 196	7 yclu	ar's signature

VR A15 (4) 20M 1/65

004 (65 .02) TO THE SHOP IN THE RESTRICT School of the state of the . Complete Species . . . Sec. .

FOR STATE TEACTION DEST. TO DEPUTY ME CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute, rifficate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fune redor. Page 4 should be for deto the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effect death. VR A15ME 5M 1/62

	MARY	LAND STATE DI	EPARTMENT OF	HEALTH	
Division of STATIS	TICAL RESEARC	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMORE 1	, MARYLAND
07338	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	07313

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed lived, If I		re edinission)
Washington	MARYLAND	a. STATE	id. b. count	Washington	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete timits, write	RURAL end give neerest	town)
Hagerstown	9 days	Rural	Smithsburg	21-1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street addrass)	d. STREET ADDRESS			RESIDENCE
Washington County Hosp	ital	RFD #1		YES	NA FARM?
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day Y	100
(Type or print) Newton	Snively	McCarney	реатн Мау	12 1	9 67
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNI	DER 24 HRS.
Male White WIDOW	ED X DIVORCED [October 4, 18	191 75 yrs.	Months Deys Hours	Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHA	T COUNTRY?
	inter	Mt. Hope, A	dams Co., Pa.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			-
Levi Baldwin McC	arney		n Watson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) (Ifyes give wer or detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address		
no 17	3_03_35344 Mr	cs. Alice M.	Thomas, Blue R	de Summit.	Pa
1B. CAUSE OF DEATH [Enter only one cause per		. D. ALIOC II.	Inomas, Diac i	INTERVAL	
PART I. DEATH WAS CAUSED BY	11.1 00	5	11.0-11	ONSET AN	
IMMEDIATE CAUSE (6)_17 U	Hiple Pulm	anary run	poli, Dileters	al 10-	30 Hu
TOX DUE TO 1.				ALCOHOL: NAME OF THE OWNER, THE O	-
Conditions, if eny, which	e bo throm hos	is Left	LOWIT Extra	wity 24-	4841
geve rise to immediate cause (e), stating the undarlying DUE TO					
cause last. (c)				MINE THE	
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WA	SAUTOPSY
5 Aspiration of Go	stric Fluid			YES YES	FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO PSPITATUM OF GO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE OF DEATH.	RIBE HOW INJURY OCCURED. (E	inter neture of injury in Per	t I or Pert II of item 18.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. While Hour a.m. While Hour a.m.		CE OF INJURY (Home, farm		(County)	(Slete)
p.m. 19 et wo					
21. I certify that I took charge of the ren	nains described above, he	ld an Autopsy 🔀,	Inspection, Inquiry	y . and in my	opinion
death resulted from: Natural causes	, Accident , Suici	ide . Homicide	, Undetermined ma	anner 🗍	
P		CHIEF MEDICAL	EXAMINER [
ACTUAL) (1) X S	1/2		IGAL EXAMINER	DATE S	IGNED
SIGNATURE COURTE W. DI	10-111	/W. Washing	VDZ4 J	, ,	
NAME (Tree) Edward W.	Ditto To Ha	9-27-540 W 17-18	12	116/67.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY SIFE	119, Town, or county) 22d. LOCATION (City, town,	or country) (ilete)
	Marsh Creek Cer	meterv	Gettysburg	Pa	
23. FUNERAL DIRECTOR	ADDRESS	24e. REC		STRAR'S SIGNATURE	
Minutch Bungmal Home Cuit	halaman Marcal	JAAV	100	lanter Judge	
Minnich Funeral Home, Smit	msourg, mary Lai	ad DAMAT	19 1967 /	and James	50

A STATE OF Ht. Hope, Manne D., E. mentalion, detail Secretary was a second of the second The state of the s Maring Bulling Colonies of the Balling of the Maring and the between some the four total or the color Asperation of Contra Fluid Show Chi Esta to 21701 Washington 1- 2/11/67 Edward w. Dillet STATE AND AND STATE OF STATE O Inde: Theret House, Smitchester, Larviend Hotenet Holma

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07339... CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) WASHINGTON o. COUNTY MARYLAND b. COUNTWASHINGTON MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) papers. Pag thin 72 haurs of write RURAL and give nearest tawn) within 24 haurs 212 TERRACE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 00 HOME HANCOCK MARYLAND 3. NAME OF Middle First 4. DATE campletely DECEASED HERMAS JOHN MCGOWAN event, (Type or pnnt) DEATH the death certificate be executed S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED dost birthday) in any .1.1920 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) physician of the please INDUSTRY MORGAN COUNTY W.VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya JOHN W MCGOWAN MINNIE M EVERSOLE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no ar unknawn) (If yes give wor or dates of service) 35.16.8108 LOYD G MCGOWAN 212 TERRACE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: The law requires that IMMEDIATE CAUSE (o) by 4201 DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate ATTENDING PHYSICIAN: hospital 20a. ACCIDENT WAS UNDERCYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) After this Hour o.m. factory, street, affice blda., etc.) Nat While at work 21. I certify that (1) (this haspital) attended the deceased from 1979, 9, 1967, to 4-27be retained saw the deceased alive on 4 - 27 - 1967, and that death occurred of TO FUNERAL DIRECTOR: M, from couses and on the date stoted obove. 22g. SIGNATURE M.D. DIRECTOR filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Charles R. Wierer, M.D. NAME (Type) 238 E. Main St., Hancock. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR COMMUNICATION 23d. LOCATION (City or Town) IREMOVALI(Specify) .18.67 CAPON GREAT CAPON MORGAN

e IS RESIDENCE ON A FARM?

YES NOX

IF UNDER 24 HRS.

Hours

MD.

INTERVAL BETWEEN

ONSEJ AND DEATH

19 WAS AUTOPSY PERFORMED?

, 19 67 that (1) (we) last

(County)

22b. DATE SIGNED

2Sa. REC'D BY REGISTRAR

1967

NO

(State)

(State)

IF UNDER 1 YEAR

Days

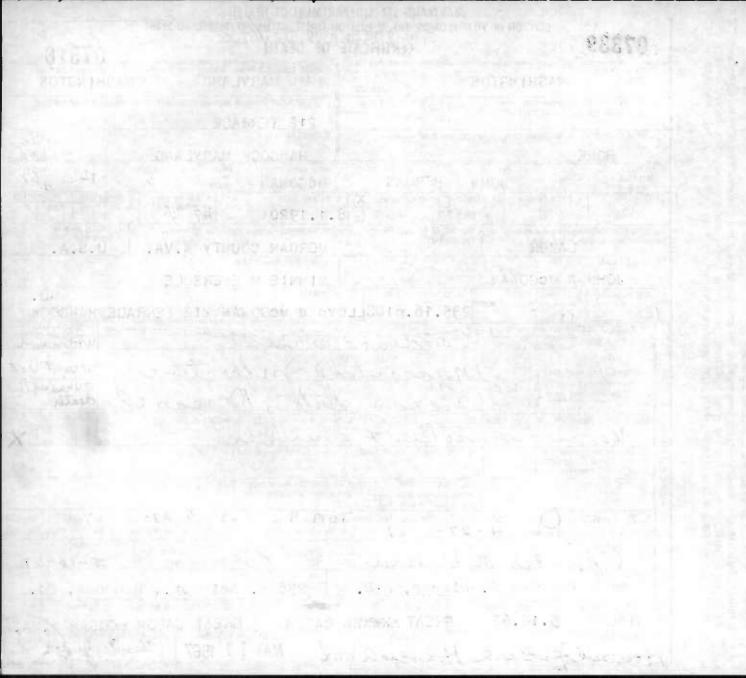
12. CITIZEN OF WHAT

U.S.A.

Months

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07340

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours offer death.	Page 4 moy be retained by the hospital or attending physicion.	10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and competely filled in by the Trageral	bo	軍
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2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Washington Penna. Fulton MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Hagerstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McConnell sburg 5 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lincoln Way, E. Washington County Hospital YES NO 3. NAME OF Middle 4. DATE First Year DECEASED MELLOTT LIONEL May 10. 19 67 CLAUDE (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED birthdoy Months Doys Hours male Feb. 2, 1903 white DIVORCED WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) insurance Co. COUNTRY? Webster Mills, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gilbert B. Mellott Leticia Whitfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service El ena V. Mellott, McConnellsburg, Pa no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT WAT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram 10 May 1967, and that death accurred at_ _M, fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED 5-11-67 DIRECTOR PHYS. M.D. 145 S. Prospect St. 22d. ADDRESS I WYSICIAN'S John C. Stauffer VAME (Type) Hagerstown. Md. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEMOYAL Specify) 5-14-67 McConnellsburg, Pa. Union Cemetery Hinnich Funeral Home, Hagerstown, Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

TO FUN directo should VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALT	Н
	BALTIMORE 1, MARYLAND
U.6341 CERTIFICATE OF DEATH	07318
- COUNTY	eceased lived, If institution: Residence before admission)
Washington MARYLAND Maryland	(b. COUNTY Washington
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)	poreta limits, writa RURAL end give negest town)
Hagerstown 2 days Hageis	
d. NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Washington Co. Hospital 411 Brewet	Ane. YES NO
3. NAME OF DECEASED First Middle Last 4. DATE OF	Month Day Yeer
(Type or print) David H. Milburn DEATH	114 4 1761
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9	last birthday) Months Deys Hours Min.
Male white WIDOWED DIVORCED - February 24, 1872	95 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Irainia USA
13. FATHER'S NAME	1. 0
James Milburn Sarah Cathe	rine Grove
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyasgive werordeles of service)	Address A La I
No None Mrs. agues Suncer	e Hagerstown, and,
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerebral Removelage	e. 24 heres
4200 DUE TO O + O A	1 1 - 1 -1
Conditions, if any, which (b) Chilreosellrole lear	destare markenel
geva risa to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
3 Generalis arteriosclerosis	YES NO
20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part OR CONTRIBUTING CAUSE OF DEATH)	t II of item 18.)
OR CONTRIBUTURG CAUSE OF DEATH OF THE CONTRIBUTURG CAUSE OF DEATH OF THE CONTRIBUTURGE CHAMMER)	
feature of the bide atal	y or town) (County) (Steta)
How one. White Nor White Selectly, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	
220. SIGNATURE	22b. DATE
OZALI JOS DE MO PHYS. DIRECTOR [STAFF PHYS. D 5-7967 SIGNED
22c. PHYSICIAN'S AMARE (Trop)	
NAM Robert F. Keatle, M. D. 580 Northern Av	e., Hagerstown, Md 21740
	ATJON (City, town or county) (State)
Burial 5/30/1967 St. Pauls Cemetery Uhs	Whater Co Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGIS	TRAN 256. REGISTRAR'S SIGNATURE
Stanle ke, Thumanon, Green Gotto 19 DATEMAY 31	1967 Millanles Judge

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VR A15 (4) 20M 5-63

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Control of the second s The state of the s David Commence of the Commence The property of the state of th Africa Charles Come Charles Some Var Vinence Warner Carlot Service Colored Service Service Colored Service Marie Marie Marie Marie Marie Control of the Contro AMBERT P. Emilio, A. D. . The Deal Cortiser Ave., Majerotoen, M. 21944 THE RESERVE AND THE RESERVE OF THE R

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

Month

IF UNDER 1 YEAR

Days

12. CITIZEN OF WHAT

COUNTRY?

(County)

DATE SIGNED

(County)

limeles

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1967

YES NO IX

Year

IF UNDER 24 HRS

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INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMEO?

NO

(State)

(Stote)

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death. meral haurs after = papers. within 72 lilled remavercarbon completery and in any event physician remayal, attending phys 10 crematian, burial-transit þ be retained by the haspital ar attending physician. signed burial. peen the prior to SD has this certificate with the State Dept. af After O FUNERAL DIRECTOR: directar, page 3 shauld be filed v Page 4 may

VR A15 (4) 25M 1/67

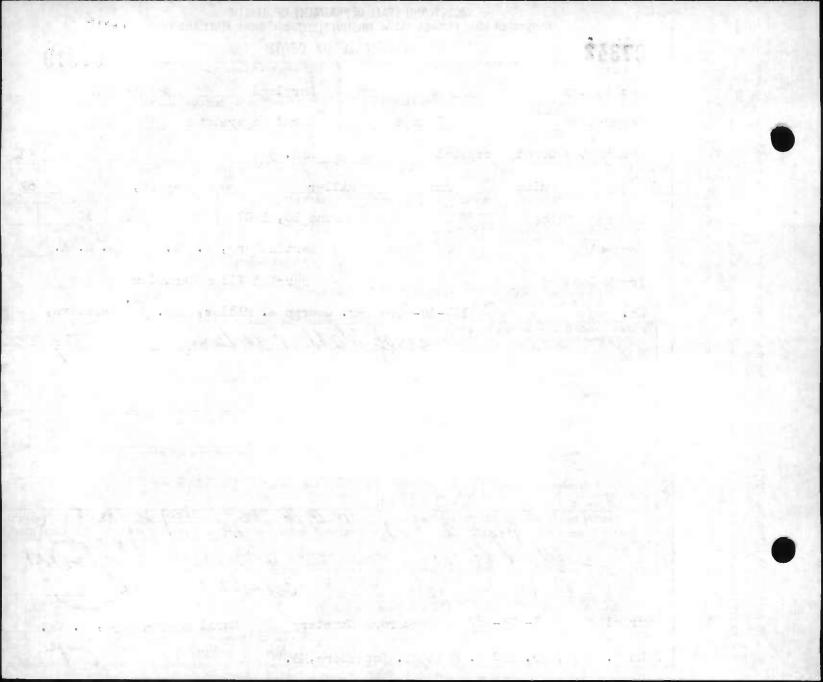
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before o. COUNTY b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, MARYLAND Washington c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) Days Rural Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS Washington County Hospital Rfd. 3 3. NAME OF Middle 4. DATE Last DECEASED Miller Julia May 20. (Type or pnnt) Ann DEATH AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED birthday) WIOOWEO DIVORCEO June 10, 1907 White Female 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. RIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife INDUSTRY Martinsburg, W. Va. Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Leonard Harriet Ellen Barthlow 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service) 187-16-6108 Mr. George E. Miller, Rfd. 3 Hagerstown, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I OFATH WAS CAUSED BY IMMEDIATE CAUSE (a) **OUE TO** Conditions, if ony, which gave rise to immediate cause (o), **OUE TO** stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Oay, Year factory, street, affice bldg., etc.) Hour o.m. Nat While at wark 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at 1/A M, fram causes and an the date stated above. saw the deceased alive and 22o. SIGNATURE ATTENOING M.O. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) BEMOVAL (Specify) 23- 67 Tuscarora Cemetery Rural Martinsburg, W. Va. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'O BY REGISTRAR

John H. Bast, Jr. 112 N. Main St. Boonsboro Md

be executed within 24 hau

OR ATTENDING PHYSICIAN: The low requires that the death certificate

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FOR STATE HEALTH DEPT

any delay is "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If 5 may be retained for yaur files. Health prior to burial, cremation, or removal, and in any event within 72 hours after death necessory, please execute the certificate, writing the word

> VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07343	3	WEDI	ICAL EXAMINE	:K.2 CI	ERIIFICATE C	OF DEATH		07320
1. PLACE OF DEATH	9-1-11					Where deceased lived, if in		nce befare admissian)
o. county Washin	gton		MARYLA	ND	d. SIATE Maryland		Washin	gton
b. CITY DR TDWN	(If outside carporate limits nd give nearest tawn)	,	c. LENGTH DF STAY IN	1b		utside carparate limits, wri		
Hagers	town		2 Days		Boonsbor	ro		21.1
d. NAME DF HDSPI	ITAL DR INSTITUTION (If no	it in haspital, g	ive street address)		. STREET ADDRESS			e IS RESIDENCE ON A FARM?
Washin	gton County	Hospit	al		307 N. 1	Main St.		YES NO X
3. NAME OF DECEASED	Fir	rst	Middle		last	4. DATE	Manth	Day Year
(Type or print)	Rub	У	Mae	N	iller	DEATH May	7 4,	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In ye	ars IF UNDER ay) Manths	
Female		WIDOWED	DIVORCED		pt. 6, 192	-0 -0	yis.	28
10a. USUAL OCCUPATIO	ON (Give kind af wark dane		ND DF BUSINESS OR		11. BIRTHPLACE (State			ITIZEN OF WHAT
during most of working Housew	rife	Own	n Home			, Wash. Co.,	Md -	U. S. A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME		
	s Turner					a Poffenberg		
1S. WAS DECEASED EV (Yes, ng. gr unknown)	/ER IN U.S. ARMED FORCES?	f service) 16. S	SOCIAL SECURITY NO.		ORMANT		Sommabor	
No.	(If yes give war or dates o	218	8-30-9809	Mr.	Gerald L.	Miller, 307	N. Mai	n St.
	DEATH (Enter anly one cau ATH WAS CAUSED BY:					- 124 DAL - W	X IVI	INTERVAL BETWEEN
001	IMMEDIATE CAUSE	(o) Poi	soning (dra	ink k	erosene)			18 hours
711.	8 DUE	TO						7 1 2 2 7 7
Conditions, if on	te couse (a)	(b)						
stoting the und		TD						
last.	,	(c)						The was diverse
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO THE	TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL O	CAUSE WAS	20b. DES	CRIBE HOW INJURY OCCU	URRED. (En	ter nature of injury in	Port I ar Port II af item 1	8.)	
		Pa	tient drank	kan	ncene			
20c. TIME OF IN	JURY Manth, Day, Year	20d. IN	IJURY OCCURRED 20	Oe. PLACE	OF INJURY (Hame, farr		vn) (Co	aunty) (State)
2	May 2, 196	7 While at wark	Nat While at wark	Hom	, street, affice bldg., etc.		Washi	ngton Md.
	ify that I took charge	of the rem	nains described aba					and in my apiniar
death resu	Ited fram: Natura	of causes	Accident .	Suicide	X, Hamicide	Undetermine	ed manner	7
	100	V. 1			CHIEF MEDICAL			7-L-11
SIGNATURE	N. M	Till !	7-	-	W.D.	DICAL EXAMINER TO	May 6,	22. DATE SIGNED
EXAMINER'S NAME (Type)	Dr. E. W. Di	itto. J	r.			t, city, town, or caunty) H	agereta	m Md.
23a. BURIAL, CREMAT			23c. NAME OF CEMETE	RY OR CRI		23d. LOCATION (City	or Town)	(County) (Stote)
REMOVAL (Speci	fy) 57	- 67	Locust G	rossa	Cemetery	Rohrers	will.	Md -
24. FUNERAL DIRECT		-	ADDRESS	OVG	2Sa. REC'		b. REGISTRAR'S	SIGNATURE
John H.	Bast. Jr. 1	12 N. N	Main St. Roy	oneho	TO ME DMAY	9 1967	ycharl	es Judge

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Milarla Judge

- 1	07344			W	CERTIFI	CATE	OF DEA	ATH					773	21
a. W	ACE OF DEATH COUNTY ASHINGTO				MARYL	LAND	2. USUAL RES o. STATE MARY			lived, if institute b. CON				
b.	CITY OR TOWN (If auts write RURAL and give	side corporote limit: neorest tawn)	5,	c. LENGT	H OF STAY IN	1 1b	c. CITY OR TO	WN (If out	side corporote	limits, write R	URAL ond gi	ve neorest	town)	
	URAL HAN	COCK		LIF					NCOCK		1	1.1		
	NAME OF HOSPITAL OR			give street	address)		d. STREET ADD					6	ON A FAI	
R	URAL 2,	HANCOCK					RURA	L 2,	HANC	OCK		1	res 🔲 1	
DE	AME OF ECEASED ype or print)	ILLARD	rst	WILS	Middle ON	MIL	Last		4. DATE OF DEATH	MAY	nth	Day	Year 19 6	
S. SE		OLOR OR RACE	7. MARRIED	NE'	VER MARRIED	 8	DATE OF BIRT	Н	19	AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS
M	ALE W	HITE	WIDOWED		DIVORCED		11/25/	1910	56	last birthdoy) yrs.	Months	Days	Hours	Min.
during	ISUAL OCCUPATION (Give g mast of working life, ev ABORER ATHER'S NAME			KIND OF BUSINDUSTRY	SINESS OR) N		co.		y LAND	(ITIZEN OF OUNTRY? S.A		
D	ANTEL MI	LLS					CEL	IA H	ULL					
IS. V (Yes.	WAS DECEASED EVER IN U no, or unknown) (If yes	S. ARMED FORCES? give war ar dates o	of service)	. SOCIAL SEC	URITY NO. -9261	17. IN	FORMANT RGINAA	SHO	EMAKE		ress	HANC	оск	MD
ri S	5020 Conditions, if any, whice rise to immediate cau stating the underlying ast.	se (a),	10 Adv	ardi ance iln	d En rona	iphi	pema He	78 amor	thma	te Br	Inchel	2)	<u>yn</u>
ATION	PART II. OTHER SIGNIFIC	CANT CONDITIONS C		-	BUT NOT RELA	INCO TO TI	TE TERMINAL DI	SEASE CON	OITION GIVEN	N PART 1(0))		WAS AUTOR PERFORMER	
ES C	200. ACCIDENT WAS UNDE DR CONTRIBUTING (AL OF EITHER, NOTIFY MEDIC	USE OF DEATH	20ь. [DESCRIBE HO	W INJURY OC	CUBRED. (I	inter nature of	injury in P	art I ar Part II	of item 18.)				
MEDICAL	20c. TIME OF INJURY A Haur a.m. p.m.	Manth, Doy, Year	20d. Whit		While work		E OF INJURY (Herry, street, office		20f. (City ar town)	(0	ounty)	(S	tate)
	21. I certify th	at (1) (this has	pital) atte	nded the	deceased 1	fram	Tay 23	, 19	66 , ta,	June	1619	66th	at (I) (w	e) lo
	saw the deceas	ed alive an I	une 1	6,	19.66, a	nd that	death accur	rred at	24.0M,	fram causes				abov
	220. SIGNATURE	es R.	w.	iere)	M.D.	ATTENDING PHYS.		MED.	STAFF D		DATE SIGNE	25	19
	22c. PHYSICIAN'S NAME (Type)	Charle	s R.	Wier	er, M	L. D	22d. ADDR	38 E	. Mai	n St.		1000	k. N	ld.
	BURIAL, CREMATION,	23b. DATE TH	EREOF	23c. N	AME OF CEME	TERY OR C	REMAKOKYX		23d. LOCA	TION (City or T	own)	(Caunty)	(Sto	ate)
	REMOVAL (Specify)	5/25/	67	ORC	HARD	RIDO	E 1ST	CH-	RURA	L HAN	COCK	WAS	Haa	MD
	FUNERAL DIRECTOR				DDRESS			250 REC'D	BY REGISTRAR	25b. F	REGISTRAR'S	SIGNATUR	E	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 haurs after death Page 4 may be retained by the haspital or ottending physician.

RICHARD

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J.

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HEREN J. SHOVE HEROCK, SERVE HERYLANDER

FOR STATE HEALTH DEPT.

TO DEPUTY MEDY AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay the cessary please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A1SME 5M 1/63

MADVIAND STATE DEDADTMENT OF HEALTH

	MARI	LAND STATE DE	EPARIMENT OF	HEALIN	
	STATISTICAL RESEARCE	CH AND RECORDS,	301 W. PRESTON :	STREET, BALTIMORE	1, MARYLAND
07345	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	07322

									/. /
1. PLACE OF DEATH	hington		MARYLAND	a. STATE Mar	yland	decessed lived, If b. COUN	ITV	hingto	
	(if outside corporata limits d give naarest town)		c. LENGTH OF STAY IN 16	e. CITY OR TOWN	(If outside ec	rporate limits, write	RURAL and	give nearest	town)
Keedysvi.	lle		6 yrs	Keedysvi	lle		~	1./	
	TAL OR INSTITUTION (IF	not in hosp	pilal, give street address)	d. STREET ADDRESS					S RESIDENCE
5 N. Main	Street			5 N Mai	n Stre	eet			NO I
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Montl	h		Yeer
(Type or print)	Charles		Earl	Moats	DEAT	н Мау		5	19 67
5. SEX	6. COLOR OR RACE	. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	_		DER 24 HRS.
Male	White	WIDOWE	DIVORCED	May 10 1929	9	37 уп.	Months 2	ays Hour	rs Min.
Electricia	TION (Give kind of work prking life, even if relired . \text{\Omega}		nd of business or indus Craft	Williamspo	ort Md		12. CITI		T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Willard	Moats			Pauline	Cottr	ill			
	ER IN U.S. ARMED FORCE If yes give were released see	and a mark	2 26 4406 Mr	INFORMANT	N Ma	in Staddron	Keedy:	sville	7
Conditions, if any geve rise to immed (a), stetling the ucause lest.	iete cause indarlying DUE TO	Co	cours 181	eny ather	scler	tum	/EN IN PART		AS AUTOPSY REFORMED?
PART II. OTHER	ONTRIBUTING	b. DESCRI	BE HOW INJURY OCCURRED	O. (Enter neture of injury in	Pert 1 or Pert	Il of item 18.)			NO 🗍
20c. TIME OF INJU-	JRY Month, Dey, Year	20d. Il While et work	Not While fe	LACE OF INJURY (Home, far. ectory, street, office bldg., etc		ity or town)	(Coun	ty)	(State)
21. I certify the death resulted				icide , Homicide	EXAMINER	Indetermined n		and in my	
SIGNATURE	chang (NE	1 Hours	M.D. ASSISTANT MEI					SIGNED
EXAMINER'S NAME (Type)	Edward W.	Ditte	o 3rd.	DEPUTY MEDICA Address (Street,				5-6	-67
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	May 8-67		22c. Name of Cemetery C Bakersville C	OR CREMATORY	22d. LOC	ation (City, town	- "		State)
23. FUNERAL DIRECTO		illia	ADDRESS msport Nary	rland 24s. RE		967 24b. REG	istrar's sic	•	

1 2 2 difficulty to British and the second of the second Corners of Their Editor

FOR STATE HEALTH DEPT.

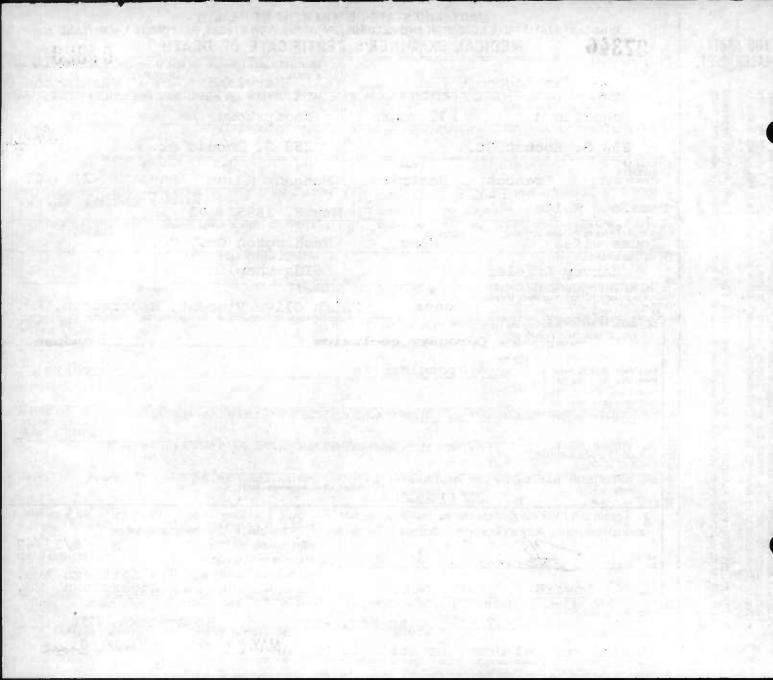
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Division of S	TATISTICAL RESEARCH A	ND RECORDS, 3	101 W. PRESTON	STREET, BALTI	IMORE I, MARYLAND
07346	MEDICAL EXAM	MINER'S C	ERTIFICATE	OF DEATH	If institution: desidence before
ACE OF DEATH		II ·	USUAL RESIDENCE	(Where deceased lived	If institution: Residence Detare

a. COUNTY	ashington		a. STATE Ma	ryland b. co	VIINTY	shingt	On.
				If outside corporate limits,			
b. CITY OR TOWN (If ou write RURAL and giv Hagerst		72 years	Hager			21.1	
d. NAME OF HOSPITAL	OR INSTITUTION (if not	In hospital, give street addre	ss) d. STREET ADDRES	S		e. IS RES	IDENCE
258 S.	Locust St	•	258 S		•	YES 🗌	NO X
3. NAME OF DECEASED (Type or print)	First Frances	Middle Beatrice	Last Mongan	4. DATE MO OF DEATH May	onth	Day Yaa 21 19	
5. SEX 6. COI	LOR OR RACE 7. MARI	RIED NEVER MARRIED		9. AGE (In yae	rs IF UNDER 1	YEAR IF UNDER	
/	ite wido	WED DIVORCED	May 8, 1			Days Hours	Min.
10a. USUAL OCCUPATION (Giver during most of working life, House wife		OB. KIND OF BUSINESS OR INDUSTRY NONE	Washing	(State or foreign country)	COL	TIZEN OF WHAT	
13. FATHER'S NAME Harvey	Kridler		14. MOTHER'S MA	haplin			
15. WAS DECEASED EVER IN (Yes, no, or unkown) (If yes g			17. INFORMANT		dress	town	MA
PART I, DEATH WA	AA AAWAFD DW	per line for (e), (b), and (c).1 coronary occl		e Vincent, A	lagers	INTERVAL BE ONSET AND I Sudde	TWEEN DEATH
Conditions, if any, wing gave rise to immed cause (a), stating	DUE TO hich (b) A	throsclerosi				years	
undarlying causa lest.	(c) CANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT				19. WAS AU PERFOR	TOPSY MED?
PRIMARY Or CONTRI	E WAS	Ob. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature	of injury in Part 1 or Part	Il of Item 18.)	1.30	
20c. TIME OF INJURY Hour a.m. p.m.	V		PLACE OF INJURY (Home, actory, street, office bldg.) (Cour	nty) (Stata)
		remains described above,	Suicide, Homi CHIEF MEDIC		х	and in my 5/22 22. DATE hern A	/67
	vard N. We		Addrass (Str	aet, city, town, or county)	Hagers	town,	Md.
23a. BURIAL, CREMATION, REMOVAL (Spacify) Burial 24. FUNERAL DIRECTOR	5/23/67	23c. NAME OF CEME Cedar Me ADDRESS	em. Park	23d. LOCATION (City Hagers REC'D BY REGISTRAR 25b.	town,	Md.	tate)
	uneral Hom	ne, Hagerstow				o Judge	1



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07347		CERTIFICA	IE OF DEATH		07324
1. PLACE OF DEATH a. COUNTY Wash	ington	MARYLAND	a. STATEMary		Y Frederick /
b. CITY OR TOWN (If au write RURAL and giv	e nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Rure	autside carparate limits, write RURA LI Knoxville	10.2
washing t	wn k institution (If not in ha on County	spital, give street address) Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John	Middle M	cn ro e	4. DATE Month OF 5	26 19 67
Male	Negro WID	RRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years 7 tost birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10g, USUAL OCCUPATION (Gi durugnies Lat Making life)	ve kind of work done han Welired) eur &	10b. KIND OF BUSINESS OR Crosstodian	Marylan		12. CITIZEN OF WHAT
13. FATHER'S NAME U	nknown		14. MOTHER'S MAIDE Unk	n name nown	
1S. WAS DECEASED EVER IN (Yes, n) (If y	U.S. ARMED FORCES? es give war ar dates af servic		Mrs. Anna	G. Monroe, Kno	
1B. CAUSE OF DEATH PART I. DEATH V	(Enter anly ane cause per /AS CAUSED BY: IMMEDIATE CAUSE (a)		remin		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, wh		K	enal c	est and	1 week
rise ta immediate co stating the underlyin last.			Kens	I import	
PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED T	o the terminal disease of		19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	AUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Part II af item 18.)	
20c. TIME OF INJURY Haur a.m.	Manth, Day, Year		PLACE OF INJURY (Hame, for actory, street, affice bldg., e		(Caunty) (State)
21. I certify saw the dece		attended the deceased fram	hat death accurred	, 19, ta atM, fram causes a	, 19, that (I) (we) las ind an the date stated above
22a. SIGNATURE	J. Don	wyhre	M.D. ATTENDING M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED -67
22c PHYSICIAN'S NAME (Type)	ohn J.Donog	ghue	ES ODRESSO	rthern Ave. H	agerstown, Md
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 5/29/67	23c. NAME OF CEMETERY C	or CREMATORY		a
24. FUNERAL DIRECTOR	and The	Brunswick,	Ad DATE	AY 3 1 1967	istrar's signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event-within 72 hours after death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0734	8	MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH		07	325	
PLACE OF DEATH O. COUNTY	Washington		MARYLAND	4	land	b. COUNTY	Washing	ton	on)
b. CITY OR TOWN write RURAL a	(If outside corporate limits, and give nearest tawn)	c. LENG	GTH OF STAY IN 1b	c. CITY OR TOWN (If a	iutside corporate lim	nits, write RURAL	ond give neores	t town)	
	ITAL OR INSTITUTION (If not in 406 Lingano		t oddress)	d. STREET ADDRESS	Linganor	e. Ave.		e. IS RESID ON A FA	DENCE ARM? NO 🔀
3. NAME OF DECEASED	Viola		Middle thleen	Lost	4. DATE OF	Month May	Doy 20		67
S. SEX Penale	6. COLOR OR RACE 7		EVER MARRIED DIVORCED	B. DATE OF BIRTH Jan. 3, 1901	9. AGE	(In yeors	IF UNDER 1 YEAR Months Doys	IF UNDER Hours	
during most of workin	ON (Give kind of work done g life even if retired)	10b. KIND OF BI	usiness or lone	11. BIRTHPLACE (Stote	m, Md.)	12. CITIZEN OF		
13. FATHER'S NAME		Zimmermo			ha Arbel	ia Bake	r		
(Yes, no, or upknawn)	/ER IN U.S. ARMED FORCES? (If yes give war or dates of se	16. SOCIAL SI 214-09		D.C. Murray	406 Ling	Address anore A	ve.Hage	rstou	m, Mo
18. CAUSE OF I PART I. DE 978	DUE TO			acture an	d broke	n neck	ON	ERVAL BET SET AND D dder	
rise to immedic stoting the und lost.	te cause (o), (DUE TO								
PART II. OTHER	significant conditions <u>cont</u> tas depresse					PART 1(o)	1	WAS AUTO PERFORMI	
Pt. W 2Do. EXTERNAL C PRIMARY SO or C CAUSE OF DEATH.	AUSE WAS ONTRIBUTING	20b. DESCRIBE H	ow INJURY OCCURRED	(Enter noture of injury in it of thir e sidewal	Port I or Port II of d-story	windo	w and	fell	L
2-4 x	$0 \times 5/26$ 167	While No	CURRED 2De. PL of While for it work F	ACE OF INJURY (Home, far tory, street, office bldg., etc Lome	m, 20f. (City :.) Hag	y or town) erstow	(County) In Wash	(Stote)
	fy that I taak charge of Ited fram: Notural of			eld an Autapsy [_], cide [素], Homicido CHIEF MEDICA	e, Undete	, Inquiry ermined man		5/26	
ACTUAL SIGNATURE	CH. 11-	Releates		M.D. ASSISTANT ME	DICAL EXAMINER		Northe	22. DATE	SIGNED
EXAMINER'S NAME (Type)		eeks, M.		Address (Stree	CAL EXAMINER X	unty) Hage	rstown	, Mc	d.
230. BURIAL, CREMAT REMOVAL (Specification)	5/28/6	7	NAME OF CEMETERY OF Rest Haven ADDRESS	r Cemetery		Stown, W) (County lashingte STRAR'S SIGNATUI	,	tote)
24. FUNERAL DIRECT	OR When and Co	and Idag	ADDRESS		D BY REGISTRAK		SIRAK S SIGNATUI		,

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William Coloredty

() 22	07349		CERTIFICATE	OF DEATH		07326
redent.	I. PLACE OF DEATH o. COUNTY WASI	HINGTON	MARYLAND	o. STATE MARY	LAND b. COU	WASHINGTON
ond completely filled in by the reference corbon papers. Pages 1 in ony event, within 72 hours after	b. CITY DR TOWN (If outside of write RURAL and give neore RURAL HANCO d. NAME OF HDSPITAL DR INST	prograte limits, st town) K TUTION (If not in hospitol, give st	O YRS	HANCOCK d. STREET ADDRESS	side corporote limits, write RU	RAL and give nearest town) e. IS RESIDENCE ON A FARM?
illed pape in 75	HOME			RURAL 2		ON A FARM? YES ND Y
d withi	3. NAME OF DECEASED (Type or print)	First MARIE	Middle ELIZABETH	Lost MYERS	4. DATE Mon OF 5	4 19 67
d comp	S. SEX 6. CDLOR	V WIDOWED	DIVORCED 1	DATE OF BIRTH 2.11.15	9. AGE (In yeors 5 last birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
ate be executed with Kion and completely t east remove carban bad in ony event, with	100. USUAL OCCUPATION (Give kind during most of working the even if	of work done IOb. KIND OF INDUSTR	Y		COUNTY PENN	12. CITIZEN DE WHAT COUNTRY?
physicion of the property of t	13. FATHER'S NAME OLIVER M	DIVELBLISS		14. MOTHER'S MAIDEN NA		
that the death certific. on. by the attending physitansit permit. Then premarian, or removol,	IS. WAS DECEASED EVER IN U.S. AR (Yes, no or unknown) (If yes give	MED FDRCES? wor or dotes of service)	SECURITY ND. 17. IN	ORMANT	Addr	NCOCK MD.
requires that the death certificate be executed within 24 hours a physicion. signed by the attending physicion and completely filled in by the buriol-transit permit. Then please remove carbon papers. Par buriol, crematian, or removal, bad in any event, within 72 hours	PART I. DEATH WAS CAL	DUE TD A S	o), ond (c).) Any Occ Hyd	lusion	-	INTERVAL BETWEEN
te law requires transing physicions been signed I os the buriol-transition prior to buriol, c	nse to immediate couse (o stating the underlying cous lost.	DUE TO Dio	betto 7	rellil	us	6 gra
Te her	PART II. OTHER SIGNIFICANT	DNDITIDNS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO TH	E TERMINAL DISEASE COND	DITIDN GIVEN IN PART I(o)	PERFORMED? YES ND
できまっち	200. ACCIDENT WAS UNDERSON OR CONTRIBUTING CAUSE DI (IF EITHER, NOTIFY MEDICAL EX	DEATH	HDW INJURY OCCURRED. (Er	iter noture of injury in Po	ort I or Port II of item IB.)	
bing PHYS by the host After this cer be detoche Stote Dept.	20c. TIME DF INJURY Month, Hour o.m. p.m.			OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	saw the deceased o) (this haspital) attended t		death accurred at L		, 19, that (I) (we) last and an the date stated above
× = H × 3	220. SIGNATURE	Tomas III)	ML M.D.	PHYS.	AED. STAFF PHYS.	22b. DATE SIGNED 67
HOSPITAL OI ge 4 moy be FUNERAL DIR rector, poge nould be filed	22c. PHYSICIAN'S FB	Thomas III.	mU.	22d. ADDRESS Ha	neock,	mol.
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog	230. BURIAL, CREMATION, REMOVAD (Specify)		NAME OF CEMETERY OR CR DAR LAWN M		23d. LDCATION (City or To	wn) (County) (Stote) WASHINGTON MD

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

ADDRESS

RECO BY REGISTRAR 25 AY 1 1 1967

(.) 1.11.3 ALTERNATION VILLEY VILLEY TAUL ROSENS S LAFUR SEGMENT DIAM er and to little in the control of t IN SECTION AND ACCOUNTS OF THE PARTY OF THE MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07350

PLACE OF DEATH

Washington

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, o. STATUTE Inia

21201			
	073	27	
f institution: Residence	before odr	nission)	=
LOUDTY		0	
write RURAL ond give	neorest tov	/n)	
	(3.	3	
		RESIDENCE A FARM?	7
<u> </u>	1		-
Month	Doy	Year	
7 21 196'		19	
yeors IF UNDER 1		NDER 24 HF	
yrs.		urs Mir	1.
	ZEN OF WH	AT	
Co	MIRAS.		
			_
ollins			
Address			
Virgini	a Ave	3	
Md 2179		L BETWEEN	
	- SUSET A	NO DEATH	-
		/	
5	4-	and a	
	7		_
	-		
			_
1(0)		AUTOPSY ORMED?	-
	YES	NO	
n 18.)			
town\ /faw	1000	/Ctatal	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours as Page 4 may be retained by the haspital ar attending physician.

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ŀ	o. CITY OR TOWN (I write RURAL and	f outside corporote limi give negrest town) amsport	S,	c LENGTH OF STAY IN 16	1)	WN (If outside cor	porote limits, write RUI	RAL ond give neore	st town)
_		AL OR INSTITUTION (If n	at in hornital		d. STREET AD			4	e. IS RESIDENCE
(od Church			d. SIREET AD	Rou	te # 1		ON A FARM? YES NO X
	NAME OF DECEASED		rst	Middle	Lost	4. DA			y Year
(Type or print)	MYRTL	E I		MYRRS		ATH May 2		19
S. 5	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED X		1896	9. AGE (In yeors lost birthdoy)	Months Doys	Hours Min.
10o. duri	USUAL OCCUPATION PROPERTY OF WORKING PTACTIO	(Give kind of work done life, even if refired) SI NUISE		IND OF BUSINESS OR VOUSIRY SING			or foreign country) Va	a. 12. CITIZEN O COUNTRY USA	
13.	FATHER'S NAME	- A C. (0)				MAIDEN NAME			
	Jam	es Edwar	d Myen	.s	Ess	sie Lat	han Roll:	ins	4
15. (Ye	WAS DECEASED EVE s, no, or unknown) O	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service 30		Mark G.	Wagner	2570 Vi	ess rginia	Ave
NO	PART I. DEAT 33 2 Conditions, if ony, rise to immediat stating the under last.	e cause (a), rlying couse	(o)	TO DEATH BUT NOT RELATED	TO THE TERMINAL D	Vocant	sport Md		WAS AUTOPSY PERFORMED?
IL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		ESCRIBE HOW INJURY OCCURI	,				YES NO
MEDICAL	20c. TIME OF INJU Hour 'o.r p.r	10	20d. While	e Not While	PLACE OF INJURY (F foctory, street, office		Of. (City or town)	(County)	(Stote)
	21. I certification	fy that (1) (this ho eceosed alive on	pital) atter	ided the deceosed from	that death occu	rred at 16 to	M, from causes	and on the da	hot (I) (we) las te stated above
	22o. SIGNATURE	1. 200	de	the .	ATTENDING M.D. PHYS.	MED. DIRECTO	R STAFF PHYS.	22b. DATE SIG	NED
	22c. PHYSICIAN'S NAME (Type	E.W.Dit	to Jr		22d. ADD 215	W. Was	hington	St/	
230	BURIAL, CREMATIC		FREOF /67	23c. NAME OF CEMETERY Union Cen			. LOCATION (City or To vettsvil	le Loud	y) Va (Stote) on Co
24	. FUNERAL DIRECTO Andre			Md ADDRESS Home	e Inc	2So. RECD BY REC	3 1967 25b.	EGISTRAR'S SIGNATU	Judge

VR A15 (4) 25M 1/67

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VR A15ME (5)

Item 18	Film	389 6-12-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
OM	274	

07351

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07328

	THE RESIDENCE OF THE PARTY OF T						
PLACE OF DEATH O. COUNTY				2. USUAL RE	SIDENCE (Where deceoses	d lived, if institution: Res b. COUNTY	sidence before odmission)
0. COUNT	Washington	1	MARYLA		Marvland		ashington
	(If outside corporate limits		c. LENGTH OF STAY IN	Ib C. CITY OR TO	OWN (If outside corporote		
write RURAL o	and give nearest town)	77				1 /-	/
A NAME OF HOCE	Hagerstown PITAL OR INSTITUTION (If no		years	d. STREET AD	Hagerstown		e IS RESIDENCE
g. NAME OF HUSE	FITAL OR INSTITUTION (IT NO	or in nospital,	give street oddress)	d. SIKEEL AL	DKESS		ON A FARM?
	350 E. Was	hingto	n St.		350 E. Wash	hington St.	YES NO X
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE OF	Month	Doy Year
(Type or print)	Elm	ner	Leroy	Obitts	DEATH	May	14-19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH 9.		DER 1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	□ Nov. 7-	7008	last birthdoy) Mont	hs Days Hours Min.
Do. USUAL OCCUPATI	ON (Give kind of work done	1Db. K	IND OF BUSINESS OR		ACE (State or foreign cou		2. CITIZEN OF WHAT
during most of worki	ng life, even if retired)	11	NDUSTRY			"	COUNTRY?
Labore 13. FATHER'S NAME				14 MOTHED	amsport- Mo	1.	U.S.A.
	el Obitts			Ste	lla Wolfe		
Yes no or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)	SOCIAL SECURITY NO.	17. INFORMANT		Address	ederick, Md.
Yes	Wwar 11	21	7-07-7459	Mrs. Eliz.	I. Obitts-	- 256 S. Car	roll St.
18. CAUSE OF	DEATH (Enter only one cou						INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	Th:	rombotic od	cclusion a	anterior	126	3 CONFLOND THAT
1420	/ IMMEDIATE CAUSE		scending /	1 + 0 D+/-	oronary at		
Conditions, if or	au which caus >		117111711	///////////////////////////////////////	oronary acc	ery	
n'se to immedi	nte couse (n)	(b)	- MARION	UW 3/1/4			
stoting the un	derlying couse DUE	Se	vere corona	ary ather	aclarosis		10-15 yrs
lost.	,	(c)	7010 001011	al J woner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PART II. OTHER	SIGNIFICANT CONDITIONS C			ED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
Aspı	ration of a	gastri	c contents				YES NO
Aspi 2Do. EXTERNAL PRIMARY Or C		2Db. Dr	ESCRIBE HOW INJURY OCCU	JRRED. (Enter noture o	f injury in Port I or Port	Il of item 18.)	
	CONTRIBUTING 🗀						
2	NJURY Month, Day, Yeor	2Dd 1	NJURY OCCURRED 2	Oe, PLACE OF INJURY (Home, form, 2Df.	(City or town)	(County) (Stote)
Haur	o.m.	While	Not While	factory, street, office		(-1)	(*******)
	p.m. 19	ot wor					
21. I cert	rify that I taak charge	e at the rer	mains described aba	ve, held an Autap	sy Inspection	n, Inquiry _	and in my apinian
death res	ulted fram: Natura	al causes [Accident,	Suicide, I	lamicide 🔲 , Una	determined manner	
	0.	, (1/2:	CHIE	F MEDICAL EXAMINER		
ACTUAL SIGNATURE	Luzar C	11 17	Theo To	M.D. ASSI	STANT MEDICAL EXAMINER	₹ 🔲	22. DATE SIGNED
EVA MANAGEME		11 51	TTO Lil		JTY MEDICAL EXAMINER		5-15-67
NAME (Type)	DR EDWARD	W. DI		C MD Add	ress (Street, city, town, o	r county)	0-10.07
23o. BURIAL, CREMA	TION. 23b. DATE THE	HINGT	ON ST HA	RY OR CREMATORY		ATION (City or Town)	(County) (Stote)
REMOVAL (Spec	ify)	20/5					
Burial 24. FUNERAL DIRECT	May 17			t Cemetery		ederick, Md	21701
	Etchison &	ON TI	ADDRESS /	utmore	DATE MAY 1 9	1967 Julio	ever Judge
M. II.	· Focurson &	oon	Frederick.	Md 27707	DATE	1001	

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Test II. Cly-V-V-V-V or . With F. Colitar - 250 C. Correct St. ..

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M. dolinos

SELECTION ST., PAG. 49.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

073	2		CERTIFICA	TE OF	DEATI	Н	0.5	2329			
1. PLACE OF D a. COUNTY	HTA					ICE (Where de	ceased lived, If i		Residence	before a	dmission)
	Washington		MARYLAND		Ma:	ryland	D. COL	Wa	shin	gton	
b. CITY OR	DWN (if outside corporate li RAL and give nearest town)	mits, c. L	ENGTH OF STAY IN		DR TDWN (I	f outside cor	porate limits, v	vrite RURA	L and glv	ve neare	st town)
			4 weeks	M	illia	msport			_	21.1	
d. NAME OF	STOTEN HOSPITAL OR INSTITUTION (I	f not in hospita	i, give street addre	ss) d. STREI	T ADDRESS	3			€	ON A	SIDENCE FARM?
Wash	ngton County H	ospital		3013	E. r.I	rederi	ck Stre	et		YES 🗌	NO X
3. NAME OF DECEASED (Type or pri			Middle ELIA	PALME	st R	4. DATE OF DEATH	Mon May	th	Day 3		67
5. SEX	6. COLOR OR RACE 7.	MARRIED X I	NEVER MARRIED	8. DATE O	FBIRTH	9.	AGE (In years	IF UNDE	1 YEAR		
Female	T.TL 2 1 -	I DOWED	DIVORCED	Oct.	23 19	909	last birthday	Months	Days	Hours	Min.
during most of v	PATION (Give kind of workdom orking life, even if retired)	10b. KIND O		11. BIR		County & State	, or foreign count	ry) 12. (OUNTRY U.S		ſ
House		TIOINE	J	14. MO	THER'S MAI				0 00		
Γ	avid Walt Youn	O"			Anna	May Li	++1.				
	ED EVER IN U.S. ARMED FORCE n) (If yes give war or dates of serv		ALSECURITY NO. 1	7. INFORMAN	-	13 E.	Adde	ess			
No.	n) (If yes give war or dates of serv	None	9	Mr. Va	n D. F		Freder: William	nspor	ree	t.	
Cenditions, gave rise cause (a), underlying			ebra (mor	- Ce				eluc	25
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING	VOUS	ELATED TO THE	ETERMINAL	DISEASE CON	DITION GIVEN I	N PART 1(a)	19. YE	PERFO	UTOPSY RMED? NO
	ENT WAS UNDERLYING THE CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	20b. DESCR	TIBE HOW INJURY O	CCURRED. (En	ter nature o	of injury in P	art I or Part II	of item 1	3.)	7	
20c. TIME Hour	OF INJURY Month, Day, Year a.m. p.m. 19	While -	OCCURRED 20e.	PLACE OF INJU	JRY (Home, i office bldg.,	farm, 20f. etc.)	(City or town)	(Co	unty)	((State)
saw the	rtify that (I) (this hospital deceased alive on May				curred at	19 .6 5., to. 8:30M, fr	May 3 om the cause	s and on	the date	e state	we) las d above
	ICIAN'S M. E. Byr	Sept. M.	D.		APORESS	MED. DIRECTOR [Street] Ma		196	
23a. BURIAL, C REMOVAL Burial 24. FUNERAL	May 6-6		est Haven (ATORY	23d. L0	erstown,	town or co	ounty) ylar	(s	State)
	t L. Leaf Willi	iamsport		d	MAY DATE	A	67 JC	land	Juy	dec.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. executed within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

TO THE STATE OF TH

AND DESCRIPTION TORY AND ADDRESS OF THE PROPERTY OF THE PROPER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07253

CERTIFICATE OF DEATH

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	01000	,		CLKIII	ICAIL	OI DEA					UED	UU	
1.	PLACE OF DEATH						DENCE (Wh	ere deceos	ed lived, if inst		nce before	odm issio	n)
	o. COUNTY	WASHING	ON	MAR	YLAND	o. STATE	MARY	T.AND	b. (0	YTAUC	SHING	TON	
	b. CITY OR TOWN (If outside corporate limits	,	c. LENGTH OF STAY		c. CITY OR TOV			te limits, write				
	Write RURAL on	d give nearest tawn)		55 YEAL	RS		HAGE	RSTOV	JN		21.1		
Н		AL OR INSTITUTION (If no	t in hospitol, g		1	d. STREET ADD	_			*****	[e.	IS RESID	ENCE
	WASHIN	GTON COUNT	Y HOS	PITAL		935	THE	TERRA	CE		YE	ON A FA	NO T
3	NAME OF	Fir		Middle		Lost		4. DATE		onth	Doy	Yea	410
	DECEASED (Type or print)	THOMAS		WESLEY	F	PANGBOR		OF DEATH	MA		20.	196	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH			AGE (In years	IF UNDER	RIYEAR	F UNDER	
	MALE	WHITE	WIDOWED	DIVORCE		1AY 29	, 188	0	last birthdoy)		Doys	Hours	Mir
10	o. USUAL OCCUPATION	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE				1 12 0	ITIZEN OF V	TAHN	
dı	ring most of working	life, even if retired) PRESIDENT	MANT	DUSTRY IFACTURING	FTRM		KLYN,			(OUNTRY? U.S.A		
	B. FATHER'S NAME	TREDIDENT	LIMING	PACTORING		14. MOTHER'S			10.011		O O O A		
	CHARI	ES T. PANGE	BORN			A	NNA M	ORRES					
1	WAS DECEASED EVI	R IN ILS ARMED FORCES?	1 16	SOCIAL SECURITY NO.	17. IN	FORMANT		-		VAK HI	TT ATI	73	
(es No or unknown)	(If yes give wor or dates o	f service) 21	4-09-5943	MRS	. HELE	N FTS	HER		RSTOWN		YLAN	ID
F	I IR CAUSE OF D	EATH (Enter only one cou			1 1110	التلالية المالية	N III	I I I I I I I	TAUE	POT OMIN		VAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	CORONA	ARV	Occl	usic	MC			ONSE	AND	EATH
	42		TO							780			0
	Conditions, if ony		(b) A/R	TERIOS	Pero	TIC (-V 0	1156	rase		20	3 Y A	25
	rise to immedion												
	last.)	(c)										
2	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO TH	E TERMINAL DIS	EASE CONDI	ITION GIVE	N IN PART 1(o)		19. V	VAS AUTO	PSY
CERTIFICATION											YES		NO E
TIFIC	20o, ACCIDENT WA		20b. DE	SCRIBE HOW INJURY O	CCURRED. (E	nter noture of i	injury in Po	rt I or Port	II of item 1B.)				
		MEDICAL EXAMINER)											
MFDICAL	20c. TIME OF INJ	URY Month, Day, Yeor		NJURY OCCURRED		OF INJURY (Ho		20f.	(City or town	(C	ounty)	(5	Stote)
MF	Hour o. p.	m. 19	While of war	k at work		y, street, office b							
	21. I certi	fy that (I) (this xhips	pital) atten	ded the deceased 20, 1967,	fram_/	YOV.	, 19_	65 , to	MAY 2	0, 19	67, tha	t (I) (X	(\$K)
		eceased alive an	TYJAY .	20, 1967,	and that	death accur	red at 4	30 A M	, fram cause				abo
	22o. SIGNATURE	() A	m			ATTENDING	M M	ED.	STAFF		DATE SIGNED		0
		John U.	1/60	van	M.D.	PHYS.		RECTOR	PHYS.	LT.	AY 22	,190	1
1	22c. PHYSICIAN'S NAME (Type		A MOD	AN M D		22d. ADDR		CHTMO	mon em	TTACTE	D CM OT I	NI N	(T)
-		Dit. OOHN			IFTERN OR CO		W. W.A.		TON ST				D.
2.	REMOVAL (Specify	A .		23c. NAME OF CEM			7 1		CATION (City or		(County)		tote)
-	BURLAL 24. FUNERAL DIRECTO		07	ROSE H	TPP CE		So. REC'D E		RSTOWN AR 1 25h	REGISTRAR'S		MD.	
1		ES M. ROUZE	TT A		20.000		ATMAY	9 A	1967	Clar		ides	
	OHARL	mo n. ROUZE	ort, HA	GERSTOWN.	MARYI	AND D	AIRAIN	44	1004	7-	~	0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	0735	4		CERTIFICA	ATE OF	DEATH		0	7332
Ī	o. COUNTY	Washington	1	MARYLAND	0. S	TATE MC		l, if institution: Resi b. COUNTY	idence before odmission) Wash.
	write RURAL Hager	I (If outside corporate limits, and give nearest town) SCOWN		ngth of stay in 1b 24 year:	5	Hager	tside corporate limit	s, write RURAL ond	give neorest town)
7		PITAL OR INSTITUTION (If not in inclinate in inclination in inclin			d. STR	134 E	Broadway		e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First HERMAN	V	Middle ERNEST	PI	Lost ECHART	4. DATE OF DEATH	Month May	Doy Year 15, 19 67
S	male	male d A .	MARRIED X	NEVER MARRIED DIVORCED	11-	OF BIRTH -15-191	.0 4	In yeors IF UND Month yrs.	DER 1 YEAR IF UNDER 24 HRS.
		ON (Give kind of work done ng life, even if retired)	10b. KIND OF INDUSTRY				& Stote, or foreign con		COUNTRY?
	3. FATHER'S NAME	Edward T. I			14. MG	OTHER'S MAIDEN I			k
	S. WAS DECEASED Yes, no, or unknow no	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of se			17. INFORMA		echart,	Address Hagers	town, Md.
	Conditions, if o rise to immed stoting the un lost.	derlying couse (c), (c)	xat	deter			Car - 7	yp E	ONSET AND DEATH
MOITA	PART II. OTHER	SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEAT	TH BUT NOT RELATED	TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CEDTICICATION		VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter no	ture of injury in I	Port I or Port II of i	tem 18.)	
MEDICAL	20c. TIME OF I	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. INJURY (While of work	OCCURRED 20e. Not While of work		URY (Home, form t, office bldg., etc.)			(County) (Stote)
	21. I ce	tify that (1) (this haspited deceased alive an_5/	al) attended th	ne deceased fran 1927, and	n 3-3 that death	accurred at,	967 to 5,	1/5 , 1 rauses and ar	9 <u>67,</u> that (I) (we) la n the date stated abav
	270. SIGNATU 27c. PHYSICIA NAME (T	el June	Venning	s	M.D. PHY	. ADDRESS	DIRECTOR L	PHYS. D 5	DATE SIGNED
2	30. BURIAL, CREMA	TION, 23b. DATE THERE	OF 23c.	NAME OF CEMETERY		RY	23d. LOCATION	(City or Town)	(County) (Stote)
	24. FUNERAL DIREC Minni			ADDRESS		2Sa. REC'D	PY PEGISTRAP 196	2Sb. PSOISTRAP	S SONATURE MAGE

CONT. Property of the Contract of the Contract

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07355 PLACE OF DEATH o. COUNTY

BURIAL, CREMATION, REMOVAL (Specify)

Washington

23b. DATE THEREOF

5/18/67

Andrew K. Coffman Funeral Home Inc. Hagerstown, Maryland.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. Washington

Hagerstown Md.

23d. LOCATION (City or Town)

2Sb.

Middletown Maryland

REGISTRAR'S SIGNATU

(County)

(Stote)

							,					
		If outside corporote limits,	c. 1	ENGTH OF STAY IN	l lb	CITY OR TOWN (If	outside corp	orote limits, write RU	RAL ond give	neorest	town)	
H	agersto	d give nearest town) WM		2 Days		Boonsbo	oro,	Md.		21,	/	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospitol, give st	reet oddress)		. STREET ADDRESS				e	S RESID	
	Washing	ton County	Hospi	tal		Fahrney	Keed	ly Home		Y	ON A FA	NO E
	NAME OF DECEASED (Type or print)	Harriett	Gr	Middle osh	Rem	sberg	4. DAT OF DEA	TH Mayl		67 ^{Doy}	Yea 19	ir
	sex emale		MARRIED	NEVER MARRIED DIVORCED	8.	g. 31,18		9. AGE (In yeors last birthdoy) 4 yrs.	Months	YEAR Doys	IF UNDER Hours	24 HRS Min.
duri	ing most of working House Vi	V (Give kind of work done lite, even if retired) 11€		Home		11. BIRTHPLACE (Coun effsvile	ty & Stote, o			IZEN OF JN ISY?		
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	N NAME					
	Ru	ben Grosh				Amelia	a Lov	rering	-25.7			
15. (Ye	WAS DECEASED EVE is no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	vice) 16. SOCIAI	SECURITY NO. ne	17. INF	Gladys	Hoff	943 ^{Add} manHager	fores rstown	t Da	rive	9
		, which gove (b) _ (b) _			uli	ir E hri	n byr	haze		ONS	RVAL BETV ET AND DI	EATH
-	PART II. OTHER SI	GNIFICANT CONDITIONS CONTE	IBUTING TO DE	ATH BUT NOT RELF	TED TO THE	TERMINAL DISEASE C	ONDITION G	GIVEN IN PART 1(o)			WAS AUTO	
ATIO		ani	teriosc/	notic ,	hyant	distant ?	c of	ial fibril	1 A tion	YE	PERFORME S 2 1	NO [
CERTIFIC						ter noture of injury i						
MEDICA	20c. TIME OF INJU Hour o.r p.i	10	20d. INJURY While of work			OF INJURY (Home, fo , street, office bldg., et		f. (City or town)	(Cou	nfy)	(5	Stote)
	21. I certi	fy that (I) (this hospita	l) ottended t	he deceosed f	rom	5/15,	1967	, to	15, 196	Z, the	ot (I) (v	we) lo
H	saw the de	eceased olive an	1/1.	51967, a	nd thot d	eoth occurred o	11 10 1.	_M, from couses	ond an th	e dote	stated	abov
	220. SIGNATURE	John It St	om hy	hr	M.D.	ATTENDING PHYS.	- MED. DIRECTOR	STAFF PHYS.	22b. DA	16-	. 4-7	,
	22c. PHYSICIAN'S NAME (Type)	John H. I	lo mbake	er, M.D.		22d. ADDRESS	154	West Washi	ington	St	,	

23c. NAME OF CEMETERY OR CREMATORY

Reformed Cemetery

DATE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 only should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours ofter deal should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours ofter deal . . .

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arety filled in by the funeral arban pipers. Pages 1 and 2 nt, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and came director, page 3 shauld be detached far use as the burial-transit permit. Then please remave shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any every Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

073	56	em #3 1	CERTIFICATE	OF DEATH			0733	3
PLACE OF DEAT O. COUNTY	WASHING	TON	MARYLAND	o. STATE MAR	Where deceosed lived	b. COUNTY	sidence before oc SHINGT	dmission)
b. CITY OR TOW	N (If outside corporate limit pod pive nearest town)	ts,	c. LENGTH OF STAY IN 16 80. YRS	c. CITY OR TOWN (IF at	utside carparate limit	s, write RURAL and	give nearest to	wn)
d. NAME OF HOS	PITAL OR INSTITUTION (IF IN HOME	ot in hospitol, (give street oddress)	d. STREET ADDRESS W.MAIN S	т.		e. IS O YES	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	_	ra ra	Middle Mabel	lost Richards	4. DATE OF DEATH	Month 5	Doy 6	Year 19 67
s. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED 2	.6.79	9. AGE (In years IF UN pirthdoy) Mont yrs.		UNDER 24 HRS. lours Min.
100. USUAL OCCUPAT during most of work 13. FATHER'S NAM	(ION (Give kind of work done inglife, even if retired)		ND OF BUSINESS OR DUSTRY HOOL		COUNTY		2. CITIZEN OF WI COUNTRY? U.S.A.	HAT
	BROOKE			RACHEL	H GREGOR			
Yes, no or unknow	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates	of conviced	2.14.7860D M	RS H, EDWI	N BLAIR	AddressHA	GERSTO K HILL	WN MD
Conditions, if o	DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Only, which gove pliote couse (o), aderlying couse	(b) 25	n arter	isseler	nis		10	AND DEATH
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PA	ART 1(o)		S AUTOPSY REORMED? NO
OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Part I or Port II of i	tem 1B.)		
20c. TIME OF Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. If While of work	Not While focto	E OF INJURY (Home, farm ary, street, office bldg., etc.		or town)	(County)	(Stote)
	deceased alive on	spitall) often	-m)	death accurred at	MED.	TAFF 22	19, that on the date s	(I) (we) last toted obove
22c. PHYSICIA NAME (Ty		omd.	SIII M.D.	PHYS. 22d. ADDRASS	cock,	mol	101	
230. BURIAL, CREMA			23C. NAME OF CEMETERY OF CEMET		23d. LOCATION		(County)	(Stote)
24. FUNERAL DIRE			ADDRESS	2So. REC	D BY REGISTRAR	1 25b. REGISTR	R'S SIGNATURE	MD.

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07358	CERTIFICATE	OF DEATH	073	35
	PLACE OF DEATH I. COUNTY Washington	MARYLAND	o. STATE aryla	there deceosed lived, if institution: Reside and Washing to	n
ł	o. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 16 Years	c. CITY DR TOWN (If out Hagerst	tside corparate limits, write RURAL and gi	21.1
(I. NAME OF HOSPITAL OR INSTITUTION (If not in h Jackson Conv. Hol		d. STREET ADDRESS	Colonial Drive	e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF First	PAKMER SHANNO	Lost	4. DATE Month OF DEATH May 28 196	Doy Year
S. 5	SEX 6. COLOR DR RACE 7. N	MARRIED NEVER MARRIED E	B. DATE OF BIRTH	9. AGE (In yeors IF UNDER last birthday) Months	
duri	USUAL DCCUPATION (Give kind of work doneing most of working life, even if retired)	10b. KIND OF BUSINESS OR OWN Home	Parkersbu	rg Wood Co	OUNTRY? USA
13.	George A. Palmer		14. MOTHER'S MAIDEN N		
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? s.na, ar unknown) (If yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address Address N.	Dr Colonial
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	Arteriosclerot vascular hyper	ic heart d tension, a	lisease with arteriosclerotic	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTD PSY PERFORMED? YES NO
CERTIF	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture at injury in A	Port I ar Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.)		aunty) (State)
) attended the deceased fram_an_20_19_67, and that	death accurred at	9 <u>57, ta May 28</u> , 19 M, fram causes and an	the date stated above
	220. SIGNATURE / S/ I her	M.E). PHYS.	MED. STAFF DIRECTOR PHYS. 5/2	DATE SIGNED 29/67
	22c. PHYSICIAN'S B. B. Kneis	sley, M.D.		8 West Washingt town, Maryland	on Street
	BURIAL, CREMATION, 23b. DATE THEREOF	7 Frederick M	em. Park	23d. LOCATION (City or Town) Frederick Frede	(County) (State)
	FUNERAL DIRECTOR Hagers tow Andrew K. Coffman	n Md. Funeral Home In	2So. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE COS JUNES

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours ofter death 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

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			1074 - XXX
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			response to the lands of the
			STATE STREET
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#in fave			
Santa Para da	e Prison of tor e contemporar	fonding at a	
		July 20 - 67	
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		to the Table	
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death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and counletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbony papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0433	3		GERTHICA	IL OI I	DEATI				Uli	330_
	LACE OF DEAT	Н	4,			AYE		eased lived, If In		esidence befo	ore admission)
	Wa	shington		MARYLAND	a. ST/	Mary	rland	D. 000	Wa:	shingt	on
b.	CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH OF STAY IN 11	III .			porate limits, w	rite RURAL	and give no	earest town)
S	harpsbu	and give nearest tow	(11)	15 yrs	S	harpsh	ourg			21.1	
d	. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in h	ospital, give street address	d. STREET	TADDRESS					RESIDENCE
	113 S	Mechanic St	reet		113	S. Me	chanic	Street			N A FARM?
	AME OF			A41.11-			LA DATE	Man	ı.b.	YES	NO E
D	ECEASED (ype or print)	SIL	rst AS	DAVIS	SHIPLE		4. DATE OF DEATH	Mon		25	Year 19 67
5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9.	AGE (In years last birthday)			
M	ale	White	WIDOWED	DIVORCED	Feb.	6 18	87	80 yrs.	Months	Days Ho	ours Min.
10a. U	SUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR				or foreign countr	y) 12. C	ITIZEN OF V	TAHV
during	d Supt.	ing life, even if retire Maintenan	de Co	MP4STEYe		ToT.	est Vi	rainia	C	DUNTRY? U.S.A	
	FATHER'S NAM				I 14. MOTI	HEDIC MAID	EN MARKE	-			
			pley		17. 11011	Cathe	rine G	riffith			
45											
		EVER IN U.S. ARMED FO (If yes give war or dates o			. INFORMANT		11	3 S. Med Sha	hANTC	St	
J.	Io		- 66	M OCZO OT O	ildred	MC Gr	el W	Sha	rpsou	irg Md	•
1	8. CAUSE OF	DEATH [Enter only on	e cause per i	ine for (a), (b), and (c).]						INTERVA	L BETWEEN
	PART I. DI	EATH WAS CAUSED BY		ORONARY O	00111	15/11	1			SUD	ND DEATH
	4201	IMMEDIATE CAUSE		O TOUNAL TO		0.01	4			-540	D-14
		DUE	TO O	DERDING	1 = 1217	-, -	11-16	AT NIC	CACE		
	conditions, if		(b) 14	RTERIOSC	LEKU	110	HEA	וטו טופ	EASE		
	ause (a), s		TO							15.00	
	inderlying caus		(c)								
P P	ART II. OTHER	SIGNIFICANT CONDITI	ONSCONTRIB	JTING TO DEATH BUT NOT RE	LATED TO THE	TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)		REPORMED?
CERTIFICATION	1	PULMON	104	FIBRUSIS A	ND E	MOUG	SEHAL	1		YES T	NO L
1 2	Oa. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OC					of Item 18	.)	
E S	OR CONTRIBUT IF EITHER, NO	ING CAUSE OF DEA	TH NER)								
		INJURY Month, Day,		NJURY OCCURRED 120e. P	LACE OF INJUI	RV (Home fo	rm 20f	(City or town)	(Co)	inty)	(State)
MEDICAL	Hour a.i	,	While	fac	tory, street, of	ffice bldg., e	tc.)	(OTC) OF CONTRY	(00)	,	(0.0.10)
ME_	p.	m. 19	at wor								
	21. I certif	y that (I) (this hos	eital) attend	ed the deceased from_	5/17	1	966 to	5/2	, 196	Z, that	(I) (we) last
	saw the de	ceased alive on	5/2/	67 1967, and th	at death occ	curred at_	4 AMT	of the Causes	and on t	he date st	ated above.
2	22a. SIGNATU	RE	1						22b. D	ATE SIGNE	D
	/	Mirai	ulille	C3	ATTEND I.D. PHYS.	ING P	MED.	STAFF PHYS.	5	126	163
t	22c. PHYSICIA	AN'S D				ADDRESS	DIRECTOR E			1	
i'	NAME (T	ype) 16. Un	naril	13		5	harp.	shurg	Md	,	
23a.	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMA			CATION (City,		unty)	(State)
	REMOVAL (Sp	ecify)						rpsburg			,01010)
	urial FUNERAL DIRI	May 27	-67	ADDRESS Cer	netery	1 25a. REG		STRAR 25b. F			P.F.
			774						Clar		de
	Albert	L Leaf Wi	LILIAMS	port ma.		DATE	AY 29	1967	Colon	A A	0

VR AI5 (4) 20M 1/65

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Service Contraction (Contraction Contraction Contracti

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FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3-10 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page amy delay is citif the Syste Department of This certificate should be executed within 24 haurs after death. If TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 M Health priar ta burial, crematian, or removal, and in any event within 72 hours after death TO DEPUTY MEDICAL EXAMINER:

07360

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07337

1.	PLACE OF DEATH	•			2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Resider b. COUNTY	nce before odmission)
-	o. COUNTY Wash:	Ington If outside corporate limits,		MARYLAND c. LENGTH OF STAY IN 16		Washington utside corporate limits, write RURAL and giv	re negreet tours)
	write RURAL on	dive nearest town)		35 Years	,	gerstown 21./	e nedresi lown)
\vdash	uagera	CO WII	L 'A - 1		d. STREET ADDRESS	gerstown 21.1	A IS DESIDENCE
		AL OR INSTITUTION (If not in Virginia Av		give street oddress)		ginia Ave	e. IS RESIDENCE ON A FARM? YES NO 🔀
	NAME OF	First		Middle	Lost	4. DATE Month	Doy Year
	(Type or print)	CLIFFORD		HOLLEN SI	HOOP	DEATH May 25 196	7 19
S.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF LINDER	
	Male	White v	VIDOWED	DIVORCED	July 16 18	386 80 yrs. Months	Doys Hours Min.
10 du	o. USUAL OCCUPATION	(Give kind of work done life, even if refired) alesman		nd of Business or iousiry. Letired	II. BIRTHPLACE (Stote Mt Aetna		TIZEN OF WHAT DUNIRY? USA
13	B. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME	
	Levi	Shoop			Mary C.	Foltz	
15 (y	S. WAS DECEASED EVE 'es no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	vice) 16. 2]			Address 100p 2416 Virgin	ia Ave
	PART 1. DEA 4/201	EATH (Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ DUE TO	Co	ronary throm	bosis	stown Md.	INTERVAL BETWEEN ONSEL AND DEATH SUDDENT
	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. (b) hypertensive arteriosclerotic C.V.D. (c)						
ATION	PART II. OTHER S	GNIFICANT CONDITIONS CONTI	RIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NOITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO K
CERTIFICATION	CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)	
MEDICAL	20c. TIME OF INJ Hour o. p.	10	20d. II While of wor	Not While foot	CE OF INJURY (Home, form ory, street, office bldg., etc.		ounty) (Stote)
	21. I certif	y that I took charge of	the rer	noins described obove, he	ld on Autopsy ,	Inspection xx, Inquiry ,	ond in my opinion
	deoth resul	ted from: Noturol co	uses	Accident , Suid	ide , Homicide	Undetermined monner	
	ACTUAL	0/1/2	1.	11/	CHIEF MEDICAL	EXAMINER	5/26/67 22. DATE SIGNED
	SIGNATURE	N. n.	10	erne	M. U.	DICAL EXAMINER	
	EXAMINER'S NAME (Type)	H.N. Weel	ks.	M.D.	DEPUTY MEDICA Address (Stree	AL EXAMINER 2 580 Nor t, city, town, or county Hagerst	thern Ave.
23	lo. BURIAL, CREMATION (Specify	ON, 23b. DATE THEREO	F	23c. NAME OF CEMETERY OR Rose Till	CREMATORY	23d. LOCATION (City or Town) Hagerstown Wasi	(County) (Stote)
2	4. FUNERAL DIRECTO	R Hagersto K. Coffman	wn Fur	neral Home In	ac 25g RECT	D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE

VR A15ME (5)

5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04201				OF DEATH		-		1330	,
a. COUNTY	Washingt		MARYLAND	2. USUAL RESIDENCE (W		if institution b. COUN		e before od	nission)
b. CITY OR TOWN write PURAL on Hage	If outside corporate limits d give nearest town) Prstown	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, rstown	write RUR	AL and give	nearest tov	n)
	al or institution (if no agton Coun			d. STREET ADDRESS 1401 Vi:		lve.		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin EDGA		Middle GABE	Last SMITH	4. DATE OF DEATH	Month May	1	Doy	Year 167
male	6. COLOR OR RACE white	7. MARRIED ** WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Jan. 11,	9. AGE (19 1895 72 bi	rthdoy)	IF UNDER 1 Months		NDER 24 HRS ours Min.
Oa. USUAL OCCUPATION during most of working Traffic	(Give kind of work done life, even if refired) mgr.	INDU	OF BUSINESS OR ISTRY Mfg	11. BIRTHPLACE (County & Hager:	State, or foreign cour	ntry)		ZEN OF WH JNTRY?	AT
13. FATHER'S NAME	Harry Sm	ith		14. MOTHER'S MAIDEN N	AME Florence	Gat	00		
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	1. 1	CIAL SECURITY NO. 17. 1 -07-1868A	NFORMANT Katharine	Smith	Addres Hag	serst	own.	Md.
yes I IR CAUSE OF D	WWI						1		
1B. CAUSE OF D PART I. DEA 3 3 C Conditions, if ony rise to immedio stoting the under	EATH (Enter only one cour TH WAS CAUSED BY: IMMEDIATE CAUSE , which gove e couse (o), rlying couse	se per line for (o (o)		id flem	mlage			INTERVA	L BETWEEN NO DEATH
1B. CAUSE OF D PART I. DEA 3 3 C Conditions, if ony rise to immedio stoting the unde lost. PART II. OTHER S	EATH (Enter only one cour TH WAS CAUSED BY: IMMEDIATE CAUSE , which gove the couse (o), rlying couse	(o)		id flem	mlage			INTERVA ONSET	AUTOPSY ORMED?
1B. CAUSE OF D PART I. DEA 3 3 C Conditions, if ony nise to immedio stoting the unde lost. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF ETITER NOTIFE	EATH (Enter only one country was caused by: IMMEDIATE CAUSE) , which gove the couse (o), riying couse (o), origing couse (o). GNIFICANT CONDITIONS COUNTRY IN COUN	se per line for (o (o) TO (b) TO (c) ONTRIBUTING TO), (b), ond (i).)	THE TERMINAL DISEASE CONE	onhage DITION GIVEN IN PAR	RT 1(o)		INTERVA ONSET	L BETWEEN NO DEATH
IB. CAUSE OF D PART I. DEA 3 3 C Conditions, if ony rise to immedio- stoting the unde- lost. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	WW L EATH (Enter only one county	se per line for (o (o)	DEATH BUT NOT RELATED TO THE RIBE HOW INJURY OCCURRED. JRY OCCURRED 20e. PLAI	THE TERMINAL DISEASE CONE	OITION GIVEN IN PAR	RT 1(o)	(Cour	INTERVA ONSET A 19. WAS PERI YES	AUTOPSY ORMED?
IB. CAUSE OF D PART I. DEA 3 3 C Conditions, if ony nise to immedio stoting the unde lost. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJ Hour 'o. p. 21. I certi	EATH (Enter only one cour H WAS CAUSED BY: IMMEDIATE CAUSE , which gove e couse (o), rlying couse GNIFICANT CONDITIONS CO SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER URY Month, Doy, Yeor m. 19	ce per line for (o (o) TO (b) TO (c) DITRIBUTING TO 20b. DESCE 20d. INJU While of work [Dital]	DEATH BUT NOT RELATED TO TO RIBE HOW INJURY OCCURRED. JRY OCCURRED 20e. PLAI Not While foch	THE TERMINAL DISEASE CONE (Enter nature of injury in P CE OF INJURY (Home, farm, ory, street, office bldg, etc.)	DITION GIVEN IN PAR ort I or Port II of ite	RT 1(o) om 1B.) r town)		INTERVALONSET, 19. WAS PERI YES [AUTOPSY ORMED? (Stote)
IB. CAUSE OF D PART I. DEA 3 3 C Conditions, if ony nise to immedio stoting the unde lost. PART II. OTHER S 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJ Hour 'o. p. 21. I certi	EATH (Enter only one courtH WAS CAUSED BY: IMMEDIATE CAUSE , which gove the couse (o), relying couse GNIFICANT CONDITIONS CO SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER URY Month, Doy, Yeor m. 19 fy that (I) (this haspeceased alive an Cause of alive an	ce per line for (o (o) TO (b) TO (c) DITRIBUTING TO 20b. DESCE 20d. INJU While of work [Dital]	DEATH BUT NOT RELATED TO THE RIBE HOW INJURY OCCURRED. JRY OCCURRED 20e. PLAI for the deceased from	THE TERMINAL DISEASE CONT. (Enter nature of injury in P. CE OF INJURY (Home, farm, ory, street, office bldg., etc.) ATTENDING ATTENDING	OITION GIVEN IN PAR OUT I OF POrt II of ite 20f. (City of M. fram MED. ST	RT 1(o) om 1B.) r town)	(Cour	INTERVAL ONSET	AUTOPSY ORMED? (Stote)

24 hours ofter death illed h by the fund TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely (filled to by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon copers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 moy be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0736	2	MEDICAL	EXAMINER	R'S CE	RTIFICATE O	F DEATH	0733	39				
		SHINGTON		MARYLANI		O. STATE MAR	there deceased liv			fare admission)			
	HAGERS!	f autside carporote limits, POWN est town)	1		Э . С.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) RURAL SMITHSBURG RT #2 21.							
		LOR INSTITUTION (If not in F			d	CAVE HILL RD. e. IS RESIDION A FAI							
3.	NAME OF DECEASED (Type or print)	RALPH	C	Middle A LV IN	SI	AITH JR.	4. DATE OF DEATH	MA Y	1	19 67			
	MA LE	a mar termina	IDOWED 🗍	VER MARRIED NO DIVORCED		2/10/196	57 9	Tirthday ee K		Hours Min.			
dui	ring most af working l	(Give kind af wark dane life, even if retired)	10b. KIND OF BU	SINESS OR		1. BIRTHPLACE (State HAGERS		ARYLAN	D COUNTRY	S.A.			
13.	FATHER'S NAME RAL	PH CALVIN S		•	14	MARY A		INGER					
1S (Y	. WAS DECEASED EVER es, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates af serv	ice) 16. SOCIAL SEC		MR	RALPH (CALVIN	Address SMITH		THSBURG RT #2			
		which gave (b)	r line for (a), (b), o		ters 5	Hitml D11	Pineu	muss da		NTERVAL BETWEEN DNSET AND DEATH			
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED	TO THE	TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(a)	1	9. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL CERTIFICATION	20a. EXTERNAL CAI PRIMARY ☐ ar CDN CAUSE OF DEATH.		20b. DESCRIBE HO	W INJURY OCCUR	RED. (Ent	er nature af injury in f	Part I ar Part II af	item 18.)	15				
MEDICA	20c. TIME DF INJU Haur a.m p.m	10		URRED 20e While wark		F INJURY (Hame, farm street, affice bldg., etc.)		ar town)	(County)	(State)			
	21. I certify death result ACTUAL SIGNATURE EXAMINER'S E D NAME (Type) 2 1	lwasch W.	SAMO	T.HAG.	Suicide ^	, Hamicide CHIEF MEDICAL D. ASSISTANT MEDI DEPUTY MFDICA Address (Street	EXAMINER [ermined mann	er	22. DATE SIGNED			
230	BURIAL CREMATIO			NOR CH			23d. LOCATIO	N (City or Town) HINGTO	N CO	MD (Stote)			

2Sa. REC'D BY REGISTRAR

2Sb.

1967

VR A15ME (5)

24. FUNERAL DIRECTOR

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g with farm PM3. Page, ve Starte Department of

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Giye-Pages 1, 2, and 3 to

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alay

Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If

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07363

CERTIFICATE OF DEATH

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	04000	,		CEKTIFICA	AFE	OF DEATH			010	40
	PLACE OF DEATH a. COUNTY	ASHINGTON		MARYLAND		2. USUAL RESIDENCE (W	here deceased	lived, if institution b. COUNT	Υ	ore odmission)
	b. CITY OR TOWN (If outside corporate limit d give nearest tawn) AGERSTOWN	s,	c. LENGTH OF STAY IN 16	11	c. CITY OR TOWN (If out	side carporote	_		
. (d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g			d. STREET ADDRESS	ERSTOW	.V	7/1	e. IS RESIDENCE ON A FARM?
		36 NORTH MU				236	NORTH	MULBERR	Y	YES NO
	NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Manth	Do	y Year
	(Type or print)	MARG		KATHLEEN		SPESSARD	DEATH	MAY	IF UNDER 1 YEAR	19 67
S. :	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	-	AUG. 19, 19		AGE (In years last birthday) OH yrs.	Manths Days	
10a duri	. USUAL OCCUPATION	(Give kind of wark dane lite, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY OWN HOME		11. BIRTHPLACE (County & WASHINGTO	State, or fareig		12. CITIZEN (?
-	FATHER'S NAME	FIEDIT		OWN HOME		14. MOTHER'S MAIDEN N		TARLLAND	el Ue	S.A.
	WII	LLIAM F. SE	MLER				J. LIZ	ZER		
1S. (Ye	WAS DESCRICED FU	R IN U.S. ARMED FORCES? (If yes give war ar dates ************************************	116	SOCIAL SECURITY NO.		FORMANT SSELL L. SP		23 2ddr N	MULBE	RRY, MARYLAND.
	canditions, if any rise to immediat stating the unde last.	e cause (a), rlying cause	TO (c)	cute Myco timoselisa O DEATH BUT NOT RELATED						WAS AUTOPSY
CERTIFICATION	PAKT II. UTHEK SI	GNIFICANT CONDITIONS	UNIKIBUTING T	O DEATH BUT NOT KELATED	10 16	IE TERMINAL DISEASE CON	DITION GIVEN	IN PAKI I(d)		PERFORMED? YES NO
L CERTIFI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	none noue	RED. (E	inter nature of injury in F	art I ar Part II	of item 1B.)		
MEDICAL	Haur a.	URY Month, Day, Year m. none 19	20d. IN While at wark	Nat While		OF INJURY (Hame, farm, ry, street, affice bldg., etc.)		City ar tawn)	(Caunty)	(State)
		fy that (I) ()h)s)h)s eceased alive on	ox(qt) attend May	led the deceased from 1 19 67, and	n_Je that	death accurred at	9 66, to_	May 4 fram causes a	, 19 <u>67</u> t nd an the do	hat (I) (xxx) xlas ite stated abave
	22a. SIGNATURE	roldKI	ulch	9	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	NED 5. 1967
	22c. PHYSICIAN'S NAME (Type		TRITC	H, JR. M.D.		22d. ADDRESS 302 NORT	H POTON	AC ST.	HAGERSTO	DWN, MD.
230	BURIAL, CREMATION	1		23c. NAME OF CEMETERY				TION (City or Town		ty) (State)
0.4	BURTAL'S PLOT	1	57	ROSE HILL C	EM			RSTOWN I		
24	CHARTES	M. ROUZER	HACE	ADDRESS	TT 4 1	AA/AY	BY REGISTRAR	37 you	STRAR'S SIGNATI	idge
	- HARLO AND	TI. ILOUGER	, RAUE	RSTOWN. MARY	LLA	NU . DATE		16	(/	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. filled in by the furefield vithin 72 hours ofter event, with sompletely **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and s director, page 3 should be detached for use as the buriol-transit permit. Then pleose remembed be filed with the State Dept. of Health prior to burial, cremation, or removal, and in on Page 4 moy be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

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07261

	01304	WFD	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	079/1
	PLACE OF DEATH				Vhere deceosed lived, if institution: R	Residence before admission)
	· Washington		MARYLAND	o. SIMBaryla	and Washing	ton
_	b CITY OR TOWN (If outside co	rporote limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL of	nd give neorest town)
	write RURAL and give negre near Chews		4 Years	near /	hewsville	21.1
	d. NAME OF HOSPITAL OR INSTIT		give street oddress)	d. STREET ADDRESS	1	8. IS RESIDENCE ON A FARM?
L	Bed	ck Road		Beck R	lo ad	YES NO X
3	NAME OF DECEASED TT AT	First	Middle	Lost	4. DATE Month	Doy Year
	(Type or print) FIAF	RRY GOR	DON SPREC	HER		.967 19
	SEX 6. COLOR		NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	Male W	nite WIDOWED	DIVORCED	June 19 1	923 43 yrs.	mins boys hoors min.
100	. USUAL OCCUPATION (Give kind o	of work done 10b. Kl	IND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT
aur	ing most of working life, even if re Machine ope	erator M	ack Trucks	Hagerstow	the Wash Co Md.	. USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Edgar F. S	Sprecher		Bessie	Longanecker	
15.	WAS DECEASED EVER IN U.S. ARA	MED FORCESS 14	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
111	es, no, or unknown) (If yes give)	N . #2 22	0-16-1916 Le	ster E. Sp	recher 1760 S	heridan Ave
	1B. CAUSE OF DEATH (Enter	only one couse per line for	(o), (b), ond (c).)	Hagers	stown Md.	INTERVAL BETWEEN
	PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (o) 1)	Hemorrhage :		ed right femo	rai Sudden
	982X		artery			
	Conditions, if ony, which gove		Stab wound	in left lo	wer quadrant	sudden
	rise to immediate couse (a) stating the underlying couse					
	last.	(c)				
z	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	XXXXXXX					YES NO X
TIFIC	20o. EXTERNAL CAUSE WAS		SCRIBE HOW INJURY OCCURRED.			
	PRIMAR NO CONTRIBUTING CAUSE OF DEATH.	W1	fe stabbed v	rictim wit	h hunting kni	fe
MEDICAL	20c. TIME OF INJURY Month,	Doy, Yeor 2Dd. II		CE OF INJURY (Home, form		(County) (Stote)
ME	6:20 px 5/	25 1967 While	Not While Tra	ory, street, office bldg., etc.) ailer	ChewsvilleW	Jash.Co. Md.
	The second secon				Inspection X, Inquiry	
		_	, Accident , Suic			
	6.11	1200	1	CHIEF MEDICAL		
	ACTUAL SIGNATURE	11- Ne	e hs		ICAL EXAMINER	5/26/67 22. DATE SIGNED
В	EXAMINER'S				L EXAMINER X 580 NO	
	NAME (Type) Howa	rd N. Week			, city, town, or county) Hage	rstown, Md.
230	D. BURIAL, CREMATION, 2:	3b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify)	2/27/67	Rose Hill C		#agerstown Wa	
	drew K. Cof	fagerstown fman Funer	al Home Inc	8 6 6 3 7		RAR'S SIGNATURE
747	TTCAA IT. COT-	THOUT EXTROIT		MAY	31 1967 Julia	vles Judge

FOR STATE HEALTH DEP necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page arry delay is 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

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VR A15ME 6M 1/67

Health prior ta burial, crematian, or remaval, and in any event within 72 hours after death.

07365	CERTIFICATE	OF DEATH		07342
I. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	b count	an: Residence befare admission) TY Wash.
b. (ITY OR TOWN (If outside corporate limits, c. write RURAL and give nearest tawn) Hagerstown	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs Hagerst	ide carparate limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give s Washington County Hospi		d. STREET ADDRESS 56 E. E	ranklin St.	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First CHARLES (Type or print)	Middle LESTER S	COST LOST CONTRACTOR	4. DATE Month OF DEATH	Day Year 19 67
s. sex 6. COLOR OR RACE 7. MARRIED X white widowed	THE FEW THE STREET	B. DATE OF BIRTH	9. AGE (In years last birthday) 62 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
during most of working life, even if retired) assembler sand	of Business or RY blast	11. BIRTHPLACE (County & Chamber	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
John J. Stinebau	igh	14. MOTHER'S MAIDEN NA	Agnes L.	Leakway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dotes of service)		S. Galdys	Stinebaugh,	
rise to immediate cause (a), DUE TO	ral anoxia us cell carci	noma, pharyn		12 hours 9 months
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DE		cheal obstru		19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO (
2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Yeor Hour a.m. Hour a.m.	BE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ırt I or Part II of item 1B.)	7.5
20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 20d. INJURY While at work	Not While foct	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	the deceased fram19 <mark>67</mark> , and tha	, 19 t death accurred at <u>1</u>		, 19, that (I) (we) I and an the date stated abo
22c. PHYSICANS NAME (Type) John H. Kehne, M.D.	e M Om.	D. PHYS. D 22d. ADDRESS	NED. STAFF PHYS. wood Hgts., Ha	22b. DATE SIGNED 5-25-67 agerstown, Md.
	Rose Hill		23d. LOCATION (City or Tow Hagersto	
24 FUNERAL DIRECTOR Minnich Funeral Home, H	agerstown,	Md . DATE A A A		Clearly July

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral—director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or ottending physician.

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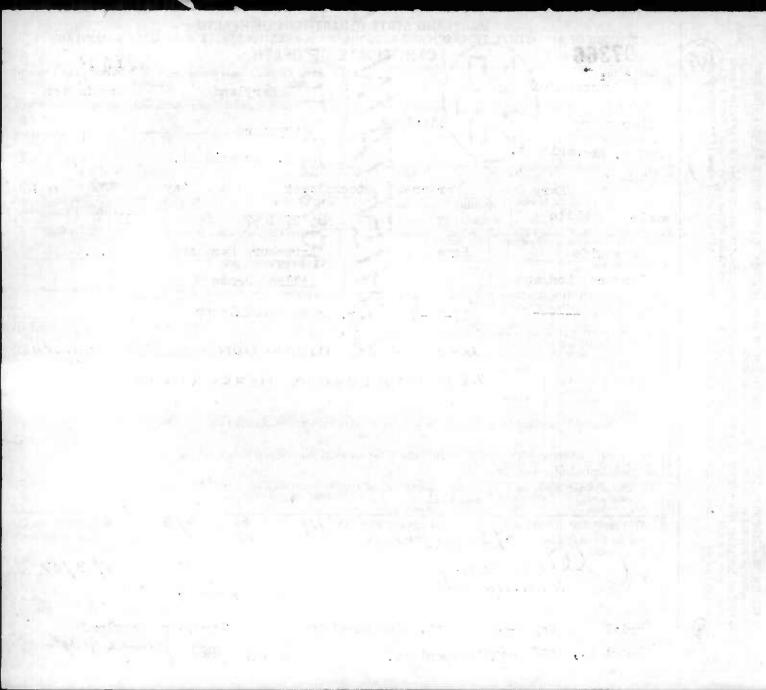
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event with the State Dept. of Health prior to burial, cremation, or removal, and in any event with the State Dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07366
CERTIFICATE OF DEATH

1.	a. COUNTY	Mashington		MARYI	AND	2 STATE	ence (When	re deceased lived, If in b. COUI	NTY	shingi	
	b. CITY OR TOW write RURA Sharps	WN (if outside corporat L and give nearest tow Durg	e limits, n)	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside	corporate limits, wi	rite RURAL	and give n	earest town)
00	d. NAME OF HO 107 S. N	OSPITAL OR INSTITUTION Mechanic St.	N (if not in l	hospital, give street a	ddress)	d. STREET ADDRES		nic St.			S RESIDENCE ON A FARM?
3.	NAME DF DECEASED (Type or print)		rst	Middle Margaret	Stoc	Last kslager	0	ATE Mont F EATH Ma.y	h 3	Day	Year 19 67
Fe	sex emale	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		May 27 18		9. AGE (In years last birthday) 69 yrs.	Months	Days H	lours Min.
du	a. USUAL OCCUPA ring most of wor Housev FATHER'S NAI		d)	KIND OF BUSINESS OR INDUSTRY IOME		Sharpsby 14. MOTHER'S MA	urg M		CO	TIZEN OF UNTRY? ,S,A	WHAT
	Clarence	ce Mongan			194	Lillie	Jone	es			
15 (Y	es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	. social security no L7–16–2085		James St	ocksl	Addre ager	SS		
		stating the DUE	(a) (b) A (c)	Ine for (a), (b), and (c YOCARDI	A L	INFARC			s F	ONSET	AL BETWEEN AND DEATH DOEN
CERTIFICATION		SIGNIFICANTCONDITIO								YES [AS AUTOPSY ERFORMED? NO
CERTI	OR CONTRIBU	T WAS UNDERLYING ☐ TING ☐ CAUSE OF DEA OTIFY MEDICAL EXAMII	TH	DESCRIBE HOW INJUR	RY OCCUR	RED. (Enter nature	of Injury	In Part I or Part II (of Item 18.)	
MEDICAL	Hour a	INJURY Month, Day, .m. 19	Year 20d. While	e - Not While -	Oe. PLAC factor	E OF INJURY (Home y, street, office bldg.	, farm, 20	Of. (City or town)	(Cou	nty)	(State)
	saw the d	ify that (I) (this hosp eceased alive on	ital) attend			death occurred a	1966 t 6P N	to 573 I, from the causes	and on th	ne date s	
	22a. SIGNATI	Llina	ulu		M.D.	ATTENDING PHYS.	MED. DIRECTO	OR PHYS.	226. 07	13/	167
	22c. PHYSIC NAME (Type) R. Gr	nari	110		22d. ADDRESS	harps	sburg,	Md.		
23	a. BURIAL, CRE REMOVAL (S Burial	necify)	THEREOF	Mt. View				LOCATION (City, tharpsburg			(State)
24	Albert	T T C	Villiar	ADDRESS		25a.	REC'D BY I		EGISTDAR		DE.

VR AI5 (4) 20M 1/65



YES

NO K

1967

Year

IF UNDER 24 HRS

Hours

WAS AUTOPSY PERFORMED?

NO

(Stote)

CERTIFICATE OF DEATH by the funeral Pages 1 and death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY ashington o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town roe neas ban papers. within 72 ha e. IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i 3. NAME OF First Middle DATE Doy completely nave carban DECEASED event, (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthday) Dovs in any WIDOWED DIVORCED and 10o. USUAL-OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during trast of working life, even it retired to or remaval, and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeaver attending permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. transit permit. Waynes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 4221 DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), has been see as the the the priar take stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health p this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or Iown) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the and that death occurred at 130 mm, from causes and an the date stated above saw the deceased alive an c 220. SIGNATURE 22b. DATE SJGNED M.D. DIRECTOR PHYS. 22d. 22c. PHYSICIAN NAME (Type NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, 23d. LOGATION (City or Town) 24. EUNERAL DIRECTOR 1967

requires that the death certificate be executed within 24 haurs after death ATTENDING PHYSICIAN: The law O HOSPITAL

be retained VR A15 (4) 25M 1/67

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	MD	nding	beer	s the
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	ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	by the haspital ar attending physician.	fter this certificate has been signed by the attending physician and campletely filled in by the formal	for
	IYSIC	haspi	certi	ched
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dearn. Page 4 may be retained by the haspital ar attending physician.

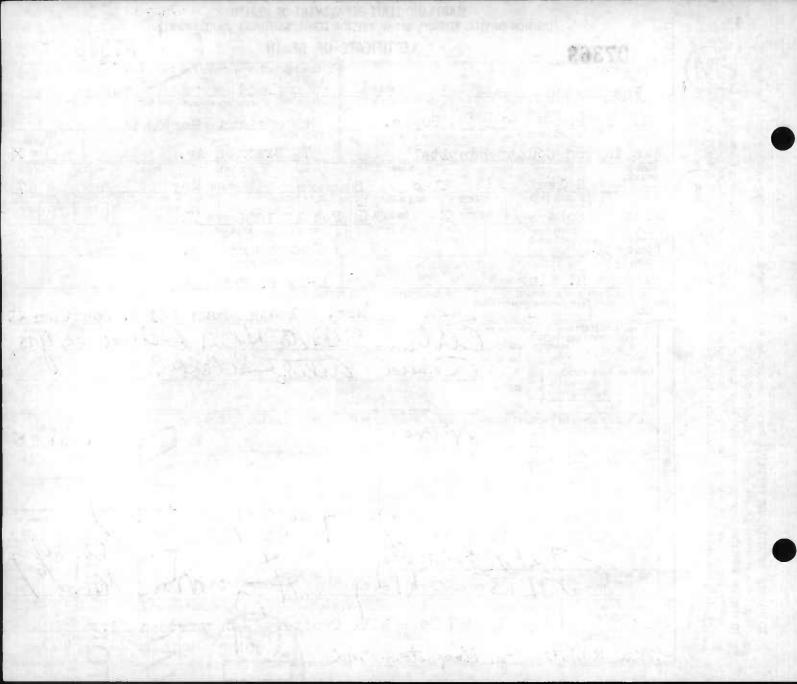
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funded director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 1 should be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours afforcearth.

97368		CERTIFICAT	E OF DEATH		07345	
o. COUNTY			2. USUAL RESIDENCE (Where deceosed lived, if institution b. CO	OUNTY	/
	nington	MARYLAND c. LENGTH OF STAY IN 1b	CITY OR TOWN (II -	Penna.	Frank	
b. CITY OR TOWN (If outs write RURAL and give Rural Hager:	nearest town)	14 mo.	C. CITY OR JOWN (IF o	utside corporote limits, write l Waynesboro	(UKAL and give neare	est town)
	INSTITUTION (If not in hospital,		d. STREET ADDRESS			e. IS RESIDENCE
Avalon 1		,	13	35 Snider Ave		ON A FARM? YES NO 2
. NAME OF	First	Middle	Lost		onth Do	Y Year
DECEASED (Type or print)	Harris	Newton	Summer.	OF DEATH MS	ay 9	1967
. SEX 6. C	OLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
Male V	White WIDOWED	DIVORCED	Sept. 8, 18	187 last birthdoy) 19 yrs.		Hours Min.
Oo. USUAL OCCUPATION (Give		IND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN O	
luring most of working life, ev	ren if retired)	US Army	Frank	clin Co Peni	na COUNTRY	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN			
B. R. Summ	ner		May Du	ley		
IS. WAS DECEASED EVER IN U (Yes, no, or unknown) ((If yes		SOCIAL SECURITY NO. 17.	INFORMANT	Ad	dress	
Yes	W I	252-58-0875A	Mrs. Rosali	le S. Davhoff	Waynesh	poro. Pa.
	Enter only one couse per line for	(o), (b), ond (c).)			IN	TERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (0)	rebrel T	hrombosi	1	1 9	NSET AND DEATH
332X	DUE TO				- 10	
Conditions, if ony, which		rebrel V2	scular A1	rterio Sclin	-00 is 6	11/1
rise to immediate cou	se (o),		7,			
stoting the underlying last.	couse (c)				1.5	
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19	. WAS AUTOPSY
	A Hariosels		1 .	1925		PERFORMED? YES NO PE
20o. ACCIDENT WAS UNDE		SCRIBE HOW INJURY OCCURRED				
OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDIC	USE OF DEATH					
20c. TIME OF INJURY M		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m. 20f. (City or town)	(County)	(Stote)
Hour o.m.	19 While of wor	Not While fo	ctory, street, office bldg., etc			
21. I certify th	at (I) (this hospital) atten	ded the deceased fram	-2622	19 66 sta M2 4 9	, 1907, 1	that (I) (we) last
	sed alive on Mey 9	19 <u>6</u> 7, and th	at death accurred a	<u>é:20</u> M, fram cause	s and an the da	ite stated abave.
220. SIGNATURE	a. 11-	Man. A	A.D. ATTENDING A	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG	NED 7
22c. PHYSICIANS	1	The state of the s	22d. ADDRESS	- 1 11		1
NAME (Type) 2	loyd A- A	offman_	1214 H-	Pot st. Has	peritony	1, Mc
30. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City of	town) (Count	y) (Stote)
REMOVAL (Specify) Burial	5/12/1967	Green	Hill	Waynesboro	, Frankli	in, Penna.
24. FUNERAL DIRECTOR	111 /1	ADDRESS	25o. PEC	D.BY REGISTRAR 25b.	REGISTRAR'S SIGNATU	JRE
Walley,	I STATE WE	aynesboro. Pen	na. DATE IVI	AY 17 1967	Milarles	Judge .

VR A15 (4) 20 M 1/66

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		073	63		CERTIFICAT	E OF	DEATH			0734	6	
requires that the deoth certificate be executed within 24 hours ofter death physician. signed by the attending physicion and completely filled in by the funeral suring bermit. Then please remays eachon papers. Pages I and a burial, cremation, or removal, and in any event, within 72 hours offer death burial, cremation, or removal, and in any event, within 72 hours offer death		PLACE OF DEATH								tion: Residence be	fare admission)	=
d man		Washi	neton		MARYLAND	0.1	Marylar Marylar	nd	b. COU		neton	
offine the ges		h CITY OR TOWN (If outside corporate limit d give nearest tawn)	s, c. L	NGTH OF STAY IN 16				limits, write RL	IRAL and give nec	rest tawn)	
hours on by the s. Page hours		Hagers	town Mary	land 6	Oyrs.	F	lagers	town	Marvl:	and a	21-1	
d in d in 72 h		d. NAME OF HOSPIT	AL OR INSTITUTION (If no	nt in haspital, give st			EET ADDRESS			,	e IS RESIDENCE ON A FARM?	,
filled in Papers. thin 72 ho			ton Count	y Hospit	al		7 Bra	xton 1	Av.		YES NO	
長 → 5		NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Mar	ith [Day Year	
d w		(Type or print)	Helen			ummer		DEATH	May	28	19 6"	7_
es es es		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE (9.	AGE (In years lost birthdoy)	Months Day		_
exe exe		emale	Colored	WIDOWED 🔀	DIVORCED	Feb			71 yrs.			
be on on	10c	. USUAL OCCUPATION	(Give kind af work done life, even if retired)	10b. KIND OF	BUSINESS OR		RTHPLACE (Caunty			12. CITIZEN COUNTR		
ate icior leos anc		Domesti	c				larpsbu		d	USA		
hys n p vol,	13.	FATHER'S NAME				14. MC	OTHER'S MAIDEN I	NAME				
d bi	1		H. King			Ma	ry V.	Calla	man			
ndir ndir or re	(Y	was DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates o	of service)		INFORMA			Addr			8.4
ne deorh certificate be executed within attending physicion and completely from permit. Then please remays eachon ion, or removal, and in any event, with				11011	e Mi	s. N	lalcome	Brow	n 243	N. Jor		世
t the sit p		1B. CAUSE OF D PART I. DEA	EATH (Enter anly ane cau TH WAS CAUSED BY:	se per lipe far (a) (l), and (c).)	200,	10 1	1000	DE	21000	INTERVAL BETWEEN ONSET AND DEATH	1
that the an. by the tronsit cremot		4200	1MMEDIATE CAUSE		ruco - s	an	jue or	Car	4	- Cong	S 40	1
physician. signed by the buriol-tronsit buriol, cremot		Conditions, if any	DUE which gave)	1 - 0	neral	ail	1,0	Sclo	1 Ris		0	
equires physic signed buriol- buriol,		rise ta immediat	e cause (a),	(b)		100	May		01 7			_
low rending been s the ior to		stoting the unde	rlying cause	(c)								
		PART II. OTHER SI	GNIFICANT CONDITIONS C		TH BUT NOT RELATED TO	THE TERM	INAL DISEASE COM	NDITION GIVEN	IN PART I(a)		19. WAS AUTOPSY	=
The or aff	NO.			NI	7~	,,,,,					PERFORMED?	01
2 5 - 0	CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING 🗆	20b. DESCRIBE	HOW INJURY OCCURRED	. (Enter na	ture of injury in	Part 1 ar Part 1	l of item 18.1		113 [] 110	
rsici ospito certifi hed f	GR		CAUSE OF DEATH MEDICAL EXAMINER)				1.7		,			
G PHYSICIAN the hospitol of this certifical detoched for the Dept. of the	MEDICAL	20c. TIME OF INJ	URY Month, Dov. Year	20d. INJURY	OCCURRED 20e. PI	ACE OF INJ	URY (Home, form	n, 20f.	(City or town)	(County)	(Stote)
و و ت و	A G	Haur 'a.ı	10	While at wark	Nat While of twark	ctary, street	t, office bldg., etc.)		1.			
by the Affer Stot			fy that (I) (this has			May	20/61	97-00	J. Ce	28 14 1	that (I) (wee)	lasi
R: A			eceased alive an_	44/20		at death	accurred at.	90 M.	fram causes	and any the d	late stated gbe	
retaine retaine ECTOR: 3 shoul with th		22a. SIGNATURE	000	100	-00	ATTE	NDING -	MED.	STAFF	221. DATTE S	GNED 3	
OR be r			MI	1000	ackey,	N.D. PHYS	s. D	DIRECTOR [PHYS.		7 0%	7
AL AL Page Page Page Page Page Page Page Page		22c. PHYSICIAN'S NAME (Type	W. H.	3090	hley	220	ADDRESS	zu	Mu	141	1/0/	
Ned Spanie	230	. BURIAL, CREMATIO	ON. 23b. DATE TH	FREOF 23c	NAME OF CEMETERY O	CREMATO	RY	1 23d 10CA	ATION (City or To	vn) (Cou	nty) (Stote)	=
Poge 4 n FUNER director, should b	P	REMOVAL (Specify urial	June		Rose Hill		etery		erstow		(5.010)	
VII	24	. FUNERAL DIRECTO	OR .		ADDRESS	Ocm	2So. REC'L		R 25b. R	FRISTRAP'S SIGNA	TURE	_
VR A15 (4) 25M 1/67	0	Folm R	Watson "	x Wage	notown m	id.	DATE	UN 2	1967	(Clean)	as Judge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages ond should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death

VR A15 (4) 25M 1/67

ond 2 death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

0.1	7370	CERTIFICAT	TE OF DEATH 0734	
o. COUNTY	EATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residen	
9 55	WASHINGTON		MARYLAND WAS	SHINGTON
b. CITY OR	OWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest tawn)
	AAGERSTOWN	24 YEARS	HAGERSTOWN	21.1
	HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
4	146 WEST FRANKI	IN STREET,	446 WEST FRANKLIN STREET	YES NO E
3. NAME OF DECEASED	First		Last 4. DATE Month OF MAY	Day Year
(Type or pri	HENRIETT'A	EUGENIA	TAILOR DEATH MAI	27, 1967
S. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH ATTG. 19 1867 9. AGE (In years less birthday) Months	1 YEAR IF UNDER 24 HI Days Hours Mil
FEMAL	E WHITE	WIDOWED DIVORCED	Add 1/9 1001 // yb.	
	IPATION (Give kind of wark dane	10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT UNTRY?
	varking life, even if retired)	OWN HOME	CARROLL CO. MARYLAND.	U.S.A.
13. FATHER'S I			14. MOTHER'S MAIDEN NAME	
	ANDREW F. FOWLE	IR .	CATHERINE E. LOOBY	
IS. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	. INFORMANT Addute W.	FRANKLIN
(Yes, no, or unk	nawn) (If yes give war ar dates of	service) 216-54-8419	MRS. MARGUERITE E. HANN, HAGER	STOWN, MD.
IR CAUS	OF DEATH (Enter only one couse	e per line for (a), (b), and (c).)		INTERVAL BETWEEN
	. DEATH HAVE CALLED DV	Cerebral Arterios	nolemonia	Syears
H	1 ~ 1		3C1E1 03 L3	10020
100	DUE T			
			Cardio Vascular Disease	
stating th	underlying cause DUE T	0		E
last.		() Senility		
PART II. C	THER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
A				YES NO
	ENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II af item 1B.)	
	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)			
S 20c. TIME	OF INJURY Manth, Day, Year		tance of mooney from the fact that the fact the	unty) (State
MED	lour a.m.		factory, street, affice bldg., etc.)	
	p.m.	at work attended the deceased from	M 7 19 67 to M 07 10	67 that (1) treat
21.	certify that (I) kings nosp	many affended the deceased fram	May 1, 1967, to May 27, 19 hat death accurred at 5 A.M, fram causes and an t	be date stated ab
22a, SIGI	the deceased alive an Ma	1707 , dild if		ATE SIGNED
220. SIGI	ATURE 1 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF	AY 29, 196
	1.20	Town!	M.D. PHYS. 1X DIRECTOR PHYS. M. M. 22d. ADDRESS	n1 ~79 170
00. 000				
22c. PHY		PTO JR M D.	1 215 W. WASHINGTON ST. HAGER	STOWN . MD.
NAA	E(Type) E. W. DIT	rto, JR. M.D.	215 W. WASHINGTON ST. HAGER	
NAA 23o. BURIAL C	E (Type) E. W. DIT		OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
230. BURIAL, C REMOVAL BUR	REMATION, (Specify) 5/31/6	REOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
230. BURIAL, C REMOVAL BUR 24. FUNERAL	REMATION, (Specify) 5/31/6	REOF 23c. NAME OF CEMETERY CO. WESTMINISTE ADDRESS	OR CREMATORY 23d. LOCATION (Gity or Town) WESTMINISTER CAP 25d. REC'D BY REGISTRAR 25b. REGISTRARS	(County) (State)

7370 The state of The same of the sa and the many of the state of th

1. PLACE OF DEATH				0.030
Washington	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylan	b. cour	ian: Residence befare admission) NTY nington
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		side carparate limits, write RUI	
write RURAL and give nearest town) Hagerstown	1 Day	Rural B	oonsboro	21.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	COMBBOLO	e. IS RESIDENCE
Washington County Hos	pital	Rfd. 1		ON A FARM? YES X NO [
3. NAME OF First DECEASED (Type or print) Jason	Middle Lester	Lost	4. DATE Mont OF DEATH May	Day Year 19 67
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HI
	VIDOWED DIVORCED	April 3, 18	90 last hirthday) 77 yrs.	Months Days Haurs Mir
10a. USUAL OCCUPATION (Give kind of wark dane during most af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (County & Rural Boon	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1 00 00 00
John Luther Thomas		Ellen Lo	no	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Addre	ess Md •
(Yes, na, ar unknown) (If yes give wor or dates af ser	vice) 215-36-7096 M	ne Mennie B	Thomas Red	. 1 Boonsboro,
Conditions, if ony, which gave rise to immediate cause (a),	"Certral	Haom	Torker.	e I deer
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last. DUE TO	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED			19. WAS AUTOPSY PERFORMED? YES NO
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While of work at work	(Enter nature of injury in F ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	art I or Part II af item 18.)	PERFORMED? YES NO
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m.	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While of work at work 1) attended the deceased fram	(Enter nature of injury in F ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City ar town)	PERFORMED? YES NO (Caunty) (Stote)
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital saw the deceased alive an March 22a. SIGNATURE	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While far of work at work at work 1997, and the	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) At death accurred at ATTENDING D. PHYS.	20f. (City ar town)	PERFORMED? YES NO (County) (Stote)
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital saw the deceased alive an Acceptable Control of the	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While far of work at work at work 1997, and the	(Enter nature of injury in FACE OF INJURY (Home, form, strory, street, office bldg., etc.) ATENDING	20f. (City ar town) Amount of Part II af item 1B.) 20f. (City ar town) Medical Medi	(Caunty) (State) (Caunty) (State) (Caunty) (State)
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTR	20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While of work at work 1) attended the deceased fram 19 , and the	ACE OF INJURY (Home, farm trary, street, affice bldg., etc.) ATTENDING D. PHYS. 22d. ADDRESS	20f. (City ar town) Amount of Part II af item 1B.) 20f. (City ar town) Medical Medi	PERFORMED? YES NO (Caunty) (State) (Caunty) (State) (Caunty) (State)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cachen papers. Pages should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after the state Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after the state of the state Dept.

VR A15 (4) 25M 1/67

in 72 haurs after death.

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5. SEX

PM3. with guo i. pencil Office ald Examiner 98 pe Medical pluods writing the Chief Me Page 3 sho Page . 5 DIRECTOR: 0 should be for FUNERAL Health or its d TO FUL Health

VR ATSME

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF U.S. G USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before edmission) a. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL and give nearest town Baltimore, 6 Weeks Hagerstown Maryland Md d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Markson Ave. 924 Watson Street YES NO X NAME OF Middla DATE Month DECEASED (Type or print) NMN Walker DEATH 67 Simon May 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male Colored WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cedar Hill. Va. USA. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Walker Matilda Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of sarvica) World War 7-07-5980 Mrs. Maude Myers 115 Clarkson Ave. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: arterios cleros in IMMEDIATE CAUSE (a) nu as terios clerofic heart disease Conditions, if any, which geve rise to immadiate causa DUE TO Chelyal Harmborn (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY PERFORMED? adeno carcinoma NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Month, Day, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, (County) (State) fectory, street, office bldg., etc.) While Not While at work at work Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER

2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 21. I certify that I took charge of the remains described above, held an Autopsy

ACTUAL SIGNATURE

Magerstown

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

Edward W. Ditto. III. M.D. NAME (Type) 22a, BURIAL, CREMATION. 22b. DATE THEREOF

Watson

REMOVAL (Spacify)

22c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER 1217 W. Wash. St. Address (Street, city, town, or county) Hagerstown, Md. 22d. LOCATION (City, town, or country)

May23 National Cemetery Burial 23. FUNERAL DIRECTOR

Baltimore, Maryland

14 400 Exercise French Demons arteriacionale mart during Clarine Hamaden Jersy with the tretter ter wind provente & without Should by Esthart

07373

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 May be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 3500 4-64

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7272 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07350

0:0:0	
PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE b. CDUNTY
Washington	New Jersey Essex County
b. CITY DR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to
Hagerstown Maryland 7 days	Newark. N. J.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDE ON A FARI
421 D, Sumans Ave	711 South 11th. Street YES □ NO
3. NAME OF First Middle DECEASED (Type or print) Earl (NMN)	Ware DATE Month Oay Year Ware DEATH May 11 19 6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In Years IFUNDER 1 YEAR IFUNDER 24 last birthday) Months Days Hours M
Male Colored WIOOWED OIVORCEO	May 18 1916 50 yr fs. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer	Elkton, Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gilbert Ware	Carrie Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	INFORMANT 7777 Address
yes World ar 2 230-09-3627 J	Tennie B. Ware Newark N. J.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	, INTERVAL BETWE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CYOURY	Declasian Inqued
H201 DUE TD	
Conditions, If any, which \ (b) Quinalized	artenasclasso + 25 yer
gave rise to immediate	
cause (a), stating the underlying cause last. (c) Anterior Sclere	Acc Geart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPERFORME
IT	YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE DF DEATH.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE DEATH. 20b. DESCRIBE HOW INJURY OCCUR. DESCRIBE HOW I	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stat
Hour a.m. While Not While at work at work	ory, street, office bldg., etc.)
p.m. 19 at work at work 21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opi
	ricide . Hpmlcide . Undetermined manner
death resulted from: Natural causes The Accident , Su	CHIEF MEDICAL EXAMINER
ACTUAL SALVER OF THE TOTAL	22. DATE SIG
SIGNATURE CLUB WWW W NOTICE)	M.O. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Edward W. Ditto, III, M.D.	Address (Street, city, town, or county) Hazerstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State
Rurial 5-16-1967 Rose Hill C	emetery Hagerstown Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John P Water on Haperstown and	DATE WAT 10 1304 F

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	2737	4		CERTI	FICATE	OF DEATH		0	7351		
1	a. COUNTY W	ASHINGTON		MAI	RYLAND	2. USUAL RESIDENCE a. STATE MA	(Where dece RYLA)	1 60	UNITY	before odr SHING	
		(If autside corparate limi	s,	c. LENGTH OF STAY 50 Y	RS.	c. CITY OR TOWN (IF HAG	autside corpo		URAL ond give	nearest tow	/n)
1		WALNUT ST		ive street address)		d. STREET ADDRESS 36 N.	WALN	UT ST.	1115	e. IS ON YES	RESIDENCE A FARM?
/ 3	B. NAME OF DECEASED (Type or print)	GUY	irst	BOYD		WETZEL	4. DATE OF DEAT	3.6 4 37	inth 1	Doy	Year 19 67
5	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRI DIVORC	TO I	7/21/19	13	9. AGE (In years lost birthdoy) 53 yrs.	IF UNDER 1 Manths		UNDER 24 HRS. Durs Min.
d	0o. USUAL OCCUPATION CONTROL OF THE PROPERTY O	ON (Give kind of work dane plife even if retired)	SHE	ND OF BUSINESS OR DUSTRY META	L MFC	11. BIRTHPLACE (Coun CO. 14. MOTHER'S MAIDER	VIRG:			ZEN OF WHANTRY?	
	HARV	EY W. WET	ZEL			AUDRE		ารก			
	IS. WAS DECEASED F	VER IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16. S	SOCIAL SECURITY NO.		FORMANT R. CLYDE		• Add	HAGERS	TOWN MD.	
	Conditions, if or rise to immedi stating the und	ny, which gove ate cause (a), derlying cause	(o) A-O1 10 (b) 2 10 (c)	(1) 1251	000	Roke 7	1007 Hoay	7-7188	418.	NON R	BETWEEN MEDICALLY
2 CENTIFICATION	20a. ACCIDENT W OR CONTRIBUTION	SIGNIFICANT CONDITIONS (AS UNDERLYING G CAUSE OF DEATH FY MEDICAL (SAMINER)	reply	TOMA		HE TERMINAL DISEASE C				19. WAS PERF YES	AUTOPSY FORMED? NO
MEDICAL	20c. TIME OF IN	NJURY Manth, Day, Yeor	While of work			E OF INJURY (Home, for		(City or tawn)	(Cour	nty)	(State)
	21. I cer saw yhe 220. Signayor 22c. PHYSICIAN	tify that (I) (this had deceased alive and	spinal) otterio	led the deceased		death accurred of	MED. DIRECTOR	ta_ff_// M, from causes PHYS.	s and an the	date st	(I) (we) las ated abave
	NAME (Type)	TION, 23b. DATE TH	IEREOF /	23c. NAME OF CER GREE		REMATORY IN CEM.		LOCATION (City or WILLIAM)		County) WAS	(Stote) H • MD
	24. FUNERAL DIREC	nonent X	Cares	ADDRESS	m	2So. RE	CD BY REGIS	1000	REGISTRAR'S SIG	NATURE Sur	ye

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pepers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, Mithin 72 haurs after death

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	CERTIFICATI	OF DEATH	0733	4
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease a. STATE	ed lived, if institution: Resider b. COUNTY	nce befare admission)
Wshington	MARYLAND	Maryland	Washing	ton
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparot	e limits, write RURAL and giv	re neorest town)
Hagerstown Marylan	d 65yrs	Hagerstown	Maryland	21-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County	Hospital	410 Park Pla	ace	YES NO NO
3. NAME OF First DECEASED (Type or print) John	Middle Henry	last 4. DATE OF OF DEATH	Manth May	Doy Year 19 16 7
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER	I YEAR IF UNDER 24 HRS.
Male Colored v	WIDOWED DIVORCED	Nov 8 1894 '	last birthday) Months 72 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for Burkittsville	eign country) 12. CC	TIZEN OF WHAT OUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Robert Wilkerson		Lucy Henders	son	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give war ar dates af ser	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no (1 yes give wai ai dates at ser	215-14-1370Mr	s. Josephine W:	ilkerson.41	O Park P
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (c)		ogenous Leuc		I H WAS AUTORY
PART II. OTHER SIGNIFICANT CONDITIONS CONTE			.,	19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of injury in Part I or Part	II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19	While at work fac	ACE OF INJURY (Hame, farm, tary, street, office bldg., etc.)		ounty) (State)
21. I certify that (I) (this hospital	al) attended the deceased fram 1967, and the	to death occurred of 12 PM		
			1 22k n	ATE SIGNED
220. SIGNATURE Robert P.	Course M	D. ATTENDING MED. DIRECTOR	STAFF PHYS.	-1,67
	. 2.0	D. PHYS. DIRECTOR 22d. ADDRESS 137 Hage	W. Washir	1-(567 19/27)
22c. PHYSICIAN'S NAME (Type) 23c. BURIAL, CREMATION. 23b. DATE THEREO	+ P. Corrrad	D. PHYS. DIRECTOR 22d. ADDRESS 137 Hage	w. Washir	(Caunty) (State)
22c. PHYSICIAN'S NAME (Type) Robert	F 23c. NAME OF CEMETERY OR	D. PHYS. DIRECTOR 22d. ADDRESS CREMATORY 23d. LOI	STAFF PHYS. W. COAShir STOWN CATION (City or Town) Serstown M	(County) (State) aryland

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MARYLAND STATE DEPARTMENT OF HEALTH

1 DIAGE	737	b		CERTIFICATI	E OF DEATH	(Mhara despected lived if inctitu	tion: Residence before odmission)
o. COUR		Washing	pton	MARYLAND	CTATE	tyland b. cou	
		If outside corporate limits, d give neorest town) Hagerstown		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) dagerstown 21.		
d. NAM	OF HOSPITAL	OR INSTITUTION (If no		ive street oddress) Ua Ave.	d. STREET ADDRESS	Elizabeth Av	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME DECEAS	ED	Gus	rst	Middle Virginia	Lost Willis	4. DATE Mon	
S. SEX		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH June 1,190	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL	OCCUPATION (Give kind of work done e, even if retired)	10b. KI	ND OF BUSINESS OR PUSTRY Organ Mfg.	11. BIRTHPLACE (County	y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHE	R'S NAME	P L D.	h Rod Willis		14 MOTHER'S MAIDEN NAME		+:
IS. WAS E	ECEASED EVER (unknown)	IN U.S. ARMED FORCES? f yes give wor or dotes of	of service)	SOCIAL SECURITY NO. 17.	INFORMANT rs. Mae E. Roc	Addi Addi Ckwell 118 N.M.	tin 1855 Hagerstown, Md. ont Valla Ave.
18. C	AUSE OF DEATH	TH (Enter only one cou WAS CAUSED BY: IMMEDIATE CAUSE	ise per line for		lead info	aretin	INTERVAL BETWEEN ONSET AND DEATH
rise to	ions, if ony, immediate	vhich gove couse (o),	TO (b)	arters	menty	Carling &	Dis. 2-3 gr.
200.	CCIDENT WAS	unity	the	O DEATH BUT NOT RELYCED TO	ease; Co	which far	Leur 19. WAS AUTOPSY PERFORMED? YES NO
- VIII -	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 Otwork of work of work						
	1. I certify			ded the deceased from_	at death accurred a	1965, to 1 / Me t 1 / M, fram causes	and on the date stoted above
220.	SIGNATURE PHYSICIAN S	leard 1	CB	7	ATTENDING PHYS. 22d, ADDRESS		22b. DATE SIGNED 19 May 1967
	NAME (Type)			ord, M. D.			Hagerstown, Maryl
REMO	AL, CREMATION OVAL (Specify) What	May 2	EREOF 20, 1967	23c. NAME OF CEMETERY OF Rest Haven	Cemetery	23d. LOCATION (City or To	4 . 4
I 24. FUNE	RAL DIRECTOR	1117 (. 16.	ADDRESS	2So. RSC	DABY REGISTRAR _ 1 2Sb. R	CLOTOPKAK 2 SIGNATUKE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 moy be retained by the hospital or attending physician.

7376 -- September 19767 Glack III - Landson The state of the same of the state of the st the the training and some the same of the same . The Court of Control of the Contro The contract of the contract o and a constant